



بیست و دومین کنگره بین المللی انجمن علمی متخصصین زنان و زایمان ایران

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subject: Population growth and its challenges

Presentation Type: Oral

This cross-sectional study investigated the prevalence of depression, anxiety, and mood instability among pregnant women attending health care centers in Tabriz, Iran, highlighting the importance of maternal mental health screening.

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Background and Aim : Mood disorders during pregnancy are among the most important maternal mental health problems and may be associated with adverse maternal and neonatal outcomes. This study aimed to determine the prevalence of depression, anxiety, and mood instability among pregnant women attending health care centers in Tabriz, Iran.

Methods : This cross-sectional analytical study was conducted on ۲۰۵ pregnant women attending health care centers in Tabriz. Participants were recruited using convenience sampling. Data were collected using a demographic and obstetric checklist, the Persian version of the Edinburgh Postnatal Depression Scale (EPDS), items ۳ to ۵ of the EPDS for anxiety assessment, and a five-item visual analog scale for mood instability. Data were analyzed using SPSS version ۲۴ with descriptive and inferential statistics.

Results : The mean age of participants was 31.75 ± 7.33 years. The mean depression score was 20.90 ± 5.45 , and the mean anxiety score was 4.92 ± 2.32 . Overall, ۹۶.۶% of participants had at least some depressive symptoms, and ۹۳.۲% had severe clinical depressive symptoms. Severe anxiety was observed in ۳۸.۵% of the participants. The mean mood instability score was 12.16 ± 11.50 , and ۳۹.۰% scored equal to or above the mean. Significant associations were found only between mood instability and educational level, and between mood instability and pregnancy complications. No significant associations were observed between demographic/obstetric variables and depression or anxiety scores.

Conclusion : The high frequency of depressive symptoms, anxiety, and mood instability in the studied pregnant women highlights the need for early screening and greater attention to mental health during pregnancy. Women with pregnancy complications may require closer psychological assessment and support.

Keywords : Pregnancy; Depression; Anxiety; Mood instability; Mental health; Tabriz



Count: ۲

Abstract ID: ۵۷

subject: Population growth and its challenges

Presentation Type: Poster

Prevalence of Stress and Its Associated Factors in Hospitalized Women in the Obstetrics and Gynecology Ward of Kowsar Hospital, Urmia, in ۲۰۲۶

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Background and Aim : Stress, as a multidimensional psychosomatic response, is highly prevalent among hospitalized patients, particularly in obstetrics and gynecology wards, due to the critical nature of pregnancy, childbirth, and reproductive system disorders. It can adversely affect treatment processes and clinical outcomes. This study aimed to determine the prevalence of stress and identify demographic, obstetric, and clinical factors associated with it among patients admitted to the Gynecology Ward of Kowsar Hospital, Urmia.

Methods : This descriptive-analytical cross-sectional study was conducted in ۲۰۲۶ on ۳۰۸ hospitalized women in the Gynecology Ward. Convenience sampling was performed with inclusion criteria of informed consent and absence of acute psychiatric disorders. Data were collected using a demographic and clinical information questionnaire and the Cohen Perceived Stress Scale (PSS-۱۴) with a ۴-point Likert scale (score range: ۰-۵۶). Data analysis was performed using SPSS version ۲۱, A significance level of $P < ۰,۰۵$ was considered.

Results : The overall prevalence of stress (score ≥ ۲۸) was ۷۳,۹% ($n = ۲۲۷$), with a mean stress score of $۳۴,۶ \pm ۸,۲$. The highest prevalence was observed in the ۲۶-۳۵ age group (۷۸,۵%, $P = ۰,۰۴۲$). Multivariate logistic regression identified a history of underlying disease (OR = ۳,۲, ۹۵% CI: ۱,۶-۶,۴), admission due to preeclampsia (OR = ۲,۹, ۹۵% CI: ۱,۵-۵,۶), and rural residence (OR = ۲,۱, ۹۵% CI: ۱,۱-۴,۰) as the strongest predictors of high stress ($P < ۰,۰۵$). Previous mode of delivery and occupation showed no significant association with stress ($P > ۰,۰۵$).

Conclusion : The high prevalence of stress among hospitalized gynecology patients and its significant association with middle-age, underlying diseases, preeclampsia-related admission, and rural residency highlights the urgent need for targeted psychological screening upon admission, supportive counseling, and stress-coping skills training as integral components of routine nursing and midwifery care.

Keywords : Stress, Perceived Stress, Gynecology Ward, Hospitalization, Preeclampsia, Kowsar Hospital Urmia



Count: ۳

Abstract ID: ۳۷

subject: Population growth and its challenges

Presentation Type: Oral

Fear of Childbirth in the Context of Adult Attachment: Insights from an Iranian Population

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Background and Aim : Fear of childbirth (FOC) affects a considerable proportion of pregnant women and is linked to adverse maternal psychological outcomes. Adult attachment theory offers a relevant framework for understanding individual differences in FOC, yet the differential role of insecure attachment subtypes remains underexplored. This study examined the association between adult attachment styles and FOC among Iranian pregnant women, emphasizing comparisons across attachment patterns.

Methods : This cross-sectional study enrolled ۳۳۰ pregnant Iranian women from November ۲۰۲۳ to March ۲۰۲۴. Participants completed validated measures of attachment and childbirth fear online. Data were analyzed using one-way ANOVA with Tukey's post hoc test ($P < ۰,۰۵$).

Results : Insecure styles predominated, with dismissive-avoidant (۳۱,۵%) and fearful-avoidant (۳۲,۷%) being most frequent. ۱۴,۸% of pregnant reporting significant FOC. ANOVA revealed significant group differences ($F = ۳,۰۴$, $P = ۰,۰۲۹$). Post hoc analyses showed dismissive-avoidant women scored significantly higher than secure counterparts (mean difference = ۱۰,۷۲, ۹۵% CI: ۰,۹۶–۲۰,۴۹, $P = ۰,۰۲۵$). No other pairwise comparisons reached significance.

Conclusion : The dismissive-avoidant style emerged as the only insecure pattern significantly associated with heightened FOC, suggesting that emotional deactivation strategies may paradoxically intensify childbirth-related anxiety. Routine screening for dismissive-avoidant tendencies in antenatal care could facilitate early psychological support and promote more positive birth experiences.

Keywords : Fear, childbirth, Attachment, Pregnancy



Count: ۴

Abstract ID: ۳۵

subject: Population growth and its challenges

Presentation Type: Oral

Optimizing Neonatal Resuscitation Protocols to Prevent Cerebral Palsy

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Background and Aim : Cerebral Palsy (CP) is a multifaceted neurodevelopmental disorder. While many cases originate from antepartum pathologies, suboptimal neonatal resuscitation (NRP) in the delivery room can transform transient hypoxic-ischemic events into permanent neurological deficits.

Methods : This perspective examines the clinical importance of adhering to standardized NRP protocols, specifically emphasizing the efficacy of non-invasive positive pressure ventilation (NPPV) and the potential risks associated with premature invasive airway management in neonates with stable cardiac function.

Results : Evidence suggests that a significant proportion of neonates require only basic respiratory support. Timely and effective ventilation via bag-mask ventilation (BMV) is the cornerstone of successful resuscitation. The premature use of endotracheal intubation in neonates with adequate cardiac output (Heart Rate > ۶۰ bpm) may constitute an over-intervention that disrupts the physiological transition. Furthermore, we discuss the necessity of comprehensive training for all obstetric and neonatal team members and the importance of evidence-based forensic evaluations in medico-legal disputes involving CP.

Conclusion : To reduce the incidence of preventable CP, clinical focus must shift toward mastering non-invasive ventilation techniques and resisting unnecessary invasive procedures. Furthermore, professional integrity and rigorous, evidence-based judicial oversight are essential to protect the medical community from non-scientific litigation.

Keywords : Cerebral Palsy, Neonatal Resuscitation Program (NRP), Bag-Mask Ventilation, Hypoxic-Ischemic Encephalopathy (HIE)



Count: ۵

Abstract ID: ۱۷

subject: Population growth and its challenges

Presentation Type: Oral

Maternal Homecare Services Position In The Iranian Health System

Submission Author: Mojgan Neinavaie

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Background and Aim : Quality care in pregnancy and childbirth is associated with good results for mother and baby. Providing some home prenatal care units reduces the stressors associated with these pregnancies and improves maternal health. The aim of this study was to investigate maternal homecare for mothers and children in selected developed countries.

Methods : In this review study, all articles and documents related to homecare services for mothers and children were reviewed from ۲۰۱۰ to ۲۰۲۵ in Persian and English using the keywords: Home care, Maternal child health services and Home birth and English equivalents of these keywords in selected countries in reputable databases and citations including PubMed, Web of Science, Scopus, Google scholar, WHO and Science Direct. Articles that met the inclusion criteria were extracted and then analyzed.

Results : The findings of this study showed that in selected developed countries there is home delivery services and periodic regular home care of mother and child after delivery, a maternity manual and a birth package with insurance coverage or free of charge.

Conclusion : Therefore, it seems that in order to improve the quality and satisfaction of mothers, the existence of home delivery options by providing infrastructure and home care program for mothers and children after childbirth should be part of the programs of the Ministry of Health and should be done at regular intervals and free or with insurance coverage.

Keywords : Home care, Health services, Maternal care



Count: ۶

Abstract ID: ۱۸

subject: Population growth and its challenges

Presentation Type: Poster

The Performance Of The Iranian Ministry Of Health In Fertility Management And Women's Satisfaction

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Background and Aim : the possible consequences of a sharp decline of fertility, community leaders and policy makers are forced to revise policies encouraging the population has birth families. The aim of this study was to determine the satisfaction of the people of childbearing government policies in recent years.

Methods : This descriptive cross-sectional study was performed on ۳۰۰ women on reproductive age (۱۸-۴۵ years) referring to Karaj health centers in ۲۰۲۱ using cluster random sampling method. Data were collected using a questionnaire and data analysis using Chi-square test ($P = ۰,۰۵$) and SPSS software (version ۲۶).

Results : Of the ۳۰۰ women with a mean age ۳۵ years, ۶۲% of women (۱۸۶) did not agree to limit access to contraceptives. ۴۸% of women (۱۴۴) report inadequate information about contraception. Intelligence sources in ۳۷% of patients were families (۱۱۱) and only ۹% (۲۷) were medical staff. Economic problems in ۸۳% of patients are considered to be the greatest cause of unwillingness to fertility. Satisfaction with education, age, marriage age, family income and level of unwanted pregnancy correlated ($p < ۰/۰۵$) and had no significant relationship with contraception method ($p > ۰/۰۵$).

Conclusion : Dissatisfaction with family planning policies has been seen in almost half of the women and the lack of awareness and gaining information from invalid sources are still exist in Iranian women. In order to encourage the of the birth's growth, it is necessary first to create the welfare infrastructure and then, with proper education and counseling, allowed families to awareness raise their children's deliberately.

Keywords : Satisfaction, Fertility Management, The Ministry Of Health



Count: ۷

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subject: Population growth and its challenges

Presentation Type: Poster

Parental Role In Maternal And Child Health

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Background and Aim : Improving the quality of maternal and child care remains a top priority in the world. International Conference on Population Development and International Conference on Women Cites Global Attention to Importance of Men's Role in Maternal and Child Health. Men must account for half of the maternal and child health equation and have a significant impact on the women and children's health. The purpose of present study was to study how men's participation in maternal and child health in selected developed countries is managed.

Methods : This is an applied cross-sectional descriptive study which was done in ۲۰۲۰. Selected countries include ten developed countries in the field of maternal and child health and Data collection tools were research card and the comparative table. The components of the study after initial review and citing previous research were included fathers' leave, perinatal education classes with wife, and father presence during childbirth

Results : Men's participation in developed countries' health programs is predicted in different ways and executive by salary pay. The duration of these leaves varies from country to country, and sometimes extends up to the age of twelve. Specific structural arrangements are envisaged for mens in the delivery room and perinatal classes in all public and private centers.

Conclusion : All the three components considered in developed countries are clearly predicted and implemented. Since the importance of men's participation in studies has been proven and recommended by the World Health Organization, Providing its executive infrastructure with the government can play a significant role in promoting maternal and child health.

Keywords : Parental Participation, Maternal And child Health.



Count: ۸

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subject: Population growth and its challenges

Presentation Type: Oral

Challenges and solutions for desirable population growth

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Background and Aim : People, and their greater numbers, are the greatest and most magnificent wealth, with the help of which all other wealth can be achieved. In demography, although people are the target, they are also the source. In fact, the people themselves are the most important resource for achieving the goal, namely the best population. This study aimed to examine the challenges and solutions for desirable population growth.

Methods : In this review, ۳۳ articles were retrieved from ISI, Scopus, PubMed, ScienceDirect, Google Scholar, IranMedex and Magiran databases, using the keywords “Population” and “Challenges” without any time restrictions.

Results : Replacement level is the minimum average fertility rate at which a population can reproduce itself in terms of the number of generations. Iran and some countries are now in the second demographic transition, in which the trend of declining birth rates has continued, and as a result, the total fertility rate reaches replacement level. Therefore, the natural growth rate of the population gradually approaches zero and becomes negative. To prevent population growth from becoming negative, the total fertility rate must be at least ۲,۱ (replacement level). Various factors affect women's fertility, including: environmental and climatic conditions, economic conditions, social conditions, duration of cohabitation, early marriage, literacy level, social traditions, religious beliefs, and national policies.

Conclusion : New theories in the field of economics consider population growth as a serious opportunity, and if population growth is accompanied by appropriate policies in the field of education, human capital will be provided in proportion to the labor market.

Keywords : Population- Challenges- Solutions.



Count: ۹

Abstract ID: ۴۲

subject: Population growth and its challenges

Presentation Type: Oral

Polycystic Ovary Syndrome among Women with Cervical Insufficiency Undergoing Abdominal Cerclage: Prevalence, Clinical Characteristics, and Predictive Modeling: A cross-sectional study

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Background and Aim : Polycystic ovary syndrome (PCOS) is a common endocrine disorder increasingly associated with cervical insufficiency (CI), particularly in severe cases requiring abdominal cerclage. This study assessed the prevalence and clinical features of PCOS in this population and evaluated data-driven models for PCOS prediction.

Methods : In this cross-sectional study, women with CI undergoing or eligible for laparoscopic transabdominal cerclage (۲۰۱۷-۲۰۲۰) were evaluated, and PCOS was diagnosed using the Rotterdam criteria. Clinical and ultrasound data were analyzed using logistic regression and machine-learning models, with discrimination assessed by the area under the receiver operating characteristic curve (AUC).

Results : Among ۱۷۲ women with cervical insufficiency, ۷۳ (۴۲, ۴٪) were diagnosed with PCOS. Women with PCOS were significantly younger, had a higher body mass index (BMI), lower gravidity, fewer prior abortions, and a higher prevalence of infertility and medical comorbidities compared with non-PCOS women. Abnormal pelvic ultrasound findings, particularly ovarian morphology consistent with PCOS, were markedly more common in the PCOS group. In multivariable analyses, younger maternal age, fewer prior abortions, higher BMI, and prior laparoscopy remained independently associated with PCOS. Predictive models incorporating routinely available clinical, reproductive, and imaging variables demonstrated strong discriminatory performance, with AUC values exceeding ۰,۸ across models.

Conclusion : PCOS is highly prevalent among women with severe CI undergoing abdominal cerclage, underscoring the need to consider this condition in their clinical assessment. Incorporating routinely available clinical information may facilitate earlier recognition of PCOS in this high-risk group. Further prospective research is warranted to clarify underlying mechanisms and inform optimized care.

Keywords : Polycystic Ovary Syndrome, Cervical Insufficiency, Cerclage, Predictive Modeling, Machine Learning



Count: ۱۰

Abstract ID: ۴۴

subject: Population growth and its challenges

Presentation Type: Oral

Navigating the Rare Intersection of Endometrial Ablation and Cesarean Scar Pregnancy: A Case Report

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Background and Aim : Menorrhagia significantly impairs the quality of life of reproductive-aged women, often necessitating endometrial ablation (EA) as a treatment for heavy menstrual bleeding. However, EA may lead to rare but serious complications, including unexpected pregnancies in atypical locations, such as cesarean scar pregnancies (CSPs). Although CSP is uncommon, it poses significant risks to maternal and fetal health.

Methods : We report the diagnostic and therapeutic management of CSP in a ۴۰-year-old woman with a history of menorrhagia and prior EA. She presented to the emergency department with delayed menstruation and was gravida ۲, para ۲, with two previous cesarean deliveries. Laboratory evaluation revealed a positive pregnancy test (Beta-HCG ۱۲,۷۶۴ mIU/mL), and transvaginal ultrasound identified an ectopic gestational sac on the cesarean scar niche, causing niche widening. The residual myometrial thickness (RMT) was ۳,۵ mm. Given her lack of desire for future pregnancies, the on-niche location of the gestational sac, and RMT > ۳ mm, hysteroscopic removal of the ectopic tissue was performed. While her initial postoperative recovery was uneventful, she subsequently developed heavy vaginal bleeding due to an expanding cesarean scar defect, necessitating laparoscopic hysterectomy. Three-month follow-up demonstrated complete recovery without further complications.

Results : This case highlights the importance of early and accurate diagnosis and timely, individualized management of CSP. Improved imaging techniques and a multidisciplinary approach are essential for optimizing outcomes. Further research is warranted to establish best practices for managing this complex reproductive health condition.

Conclusion : This case highlights the importance of early and accurate diagnosis and timely, individualized management of CSP. Improved imaging techniques and a multidisciplinary approach are essential for optimizing outcomes. Further research is warranted to establish best practices for managing this complex reproductive health condition.

Keywords : Cesarean section; Ectopic pregnancy; Endometrial ablation; Scar pregnancy; Menorrhagia



Count: ۱۱

Abstract ID: ۷۶

subject: Population growth and its challenges

Presentation Type: Oral

THE RELATIONSHIP BETWEEN SELF-EFFICACY AND PERCEIVED SOCIAL SUPPORT WITH THE INTENTION TO HAVE CHILDREN

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Background and Aim : Reducing the total fertility rate below the replacement level of the population and the annual decrease of the population is one of the problems of Iranian society today. The present study aimed to determine the relationship between self-efficacy and perceived social support on the intention to have children in married women

Methods : This descriptive cross-sectional-correlation study was conducted from July ۲۰۲۲ to October ۲۰۲۳ on ۳۴۵ eligible women in ۸ selected sites affiliated with Alborz University of Medical Sciences. Sampling was done in two stages. First, stratified sampling was performed to select the facilities. Then, the participants were selected using a simple random method. Data was collected through demographics, fertility tendency, self-efficacy, and perceived social support questionnaires. SPSS software version ۲۸, ۰ was used to analyze the data. ANOVA tests, Tukey's post hoc test, Pearson's correlation test, and multiple linear regression were used.

Results : The self-efficacy had an inverse and significant correlation with the intention to have children ($r=۰,۱۹۹$, $P<۰,۰۰۱$). The perceived social support had a direct and significant correlation with the intention to have children ($r=۰,۱۱۲$, $P<۰,۰۰۵$). Self-efficacy and perceived social support did not significantly affect the intention to have children. Among the demographic variables, being an employee ($\beta=-۰,۲۱۹$, $P<۰,۰۰۵$) was a negative predictor of the intention to have children.

Conclusion : According to the present study, demographic characteristics affected the intention to have children. So, being an employee is considered a threatening factor for women's intention to have children. Thus, government support such as remote work options for working women, more vacation days or hourly leave (for breastfeeding or caring for children), low-cost and high-quality institutional kindergartens, and more cooperation with working women can be helpful.

Keywords : Childbearing, Fertility, Self-Efficacy, Social Support



Count: ۱۲

Abstract ID: ۳

subject: Population growth and its challenges

Presentation Type: Oral

Helping Babies Breathe (HBB) and the Role of Obstetricians in Reducing Neonatal Mortality

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Background and Aim : Neonatal mortality remains a major global health challenge, with birth asphyxia contributing significantly to early neonatal deaths. The Helping Babies Breathe (HBB) program is a simplified, evidence-based neonatal resuscitation training designed to improve immediate newborn care at birth. Obstetricians play a central role in anticipating high-risk deliveries and initiating timely resuscitation. This study aimed to evaluate the role of obstetricians in the implementation of HBB and its impact on reducing neonatal mortality.

Methods : This study is a narrative review of published literature, WHO guidelines, and clinical reports regarding the HBB program and obstetric practice. Databases including PubMed and WHO resources were reviewed. The focus was on obstetrician involvement in neonatal resuscitation, initiation of bag-mask ventilation within the golden minute, and neonatal survival outcomes.

Results : Evidence suggests that training obstetricians in HBB significantly improves early recognition of non-breathing newborns and timely initiation of ventilation. Integration of HBB into obstetric care teams reduces delays in resuscitation and is associated with improved Apgar scores and decreased early neonatal mortality. Regular training and skill reinforcement enhance performance and retention of resuscitation skills.

Conclusion : Obstetricians play a crucial role in the successful implementation of the HBB program. Their active participation in neonatal resuscitation significantly contributes to early intervention and reduction of preventable neonatal deaths, especially in resource-limited settings.

Keywords : Neonatal Resuscitation; Infant, Newborn; Obstetrics; Asphyxia Neonatorum; Positive-Pressure Respiration; Neonatal Mortality



Count: ۱۳

Abstract ID: ۶۸

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

Association Between Maternal Socioeconomic Status and Preterm Labor: A Case-Control Study

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Background and Aim : Preterm labor and its complications are the leading cause of mortality in infants and children under ۵ years of age. Therefore, identifying modifiable risk factors is essential to develop strategies that can potentially reduce the rate of preterm labor. The present study aimed to determine the relationship between the maternal socioeconomic status and the occurrence of preterm labor.

Methods : The present case-control study was conducted in ۱۴۰۲-۱۴۰۳ at Kowsar Hospital in Qazvin. ۳۵ mothers with term labor and ۳۵ mothers with preterm labor aged between ۲۰-۳۵ years were enrolled. Data were analyzed by SPSS ۲۷ software using statistical tests. The significance level was considered ۰,۰۵.

Results : The mean $\pm$ standard deviation of the age of mothers in the preterm and term labor groups respectively was $26,97 \pm 5,533$ and $27,40 \pm 5,007$ years, which was not statistically significant ($P > 0,05$). The mean $\pm$ standard deviation of the gestational age of mothers in the preterm and term labor groups respectively was $30,49 \pm 3,641$ and $39,34 \pm 0,725$ weeks, which was statistically significant ($P < 0,05$). In the preterm labor group the highest and the lowest frequency respectively is related to the ۳۲-۳۶ weeks with ۴۵,۷۱% and ۲۰-۲۷ weeks with ۱۷,۱۴%. The frequency distribution of the two age groups of ۱۸-۲۵ years and ۲۶-۳۵ years, parity, employment status and educational level between groups of preterm and term labor was not statistically significant ($P > 0,05$).

Conclusion : The findings of our study showed there was no difference between age, parity, employment status and educational level in groups of term and preterm labor. The gestational age in mothers with preterm labor is lower compared to term labor, and the rate of preterm labor also increases with increasing gestational age in mothers with preterm labor.

Keywords : Preterm labor, Term labor, Socioeconomic



Count: ۱۴

Abstract ID: ۸

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Oral

Fatal Phytobezoar-Induced Small Bowel Obstruction in Pregnancy: A Rare Obstetric Surgical Emergency

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Background and Aim : Intestinal obstruction (IO) during pregnancy is a rare condition, but it carries significant risks. Diagnosis is challenging due to overlapping symptoms with normal pregnancy conditions like labor pain or hyperemesis gravidarum, and concerns about using radiologic imaging. Most cases of IO during pregnancy result from adhesions related to previous abdominal surgeries, but other causes include volvulus, intussusception, hernia, carcinoma, appendicitis, and idiopathic ileus. Bezoars are a rare cause of small bowel obstruction, accounting for ۰.۴-۴٪ of mechanical bowel obstructions.

Methods : We present a pregnant woman who developed small bowel obstruction caused by phytobezoars, resulting in maternal death despite surgical intervention and intensive care management.

Results : A ۲۰-year-old woman at ۲۰ weeks' gestation presented with persistent vomiting, abdominal distension, and severe dehydration after consuming persimmons and pomegranates. Exploratory laparotomy revealed multiple distal small bowel phytobezoars causing mechanical intestinal obstruction. Following failed initial surgical milking, repeat laparotomy with enterotomy and colotomy achieved bezoar removal. Nevertheless, refractory septic shock developed despite intensive treatment, resulting in maternal death and subsequent fetal demise.

Conclusion : The report highlights the rare but severe complication of intestinal bezoars causing obstruction in pregnancy, the challenges in diagnosis and management, and the high risk of morbidity and mortality associated with delayed diagnosis and treatment.

Keywords : Intestinal Obstruction, Pregnancy, maternal mortality



Count: ۱۵

Abstract ID: ۱۱

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

Pedunculated Leiomyoma Management in Women with Reproductive Intention (A Challenging Dilemma, Case Report and Literature Review)

Submission Author: Maryam Dehghan

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Background and Aim : Uterine fibroids (UFs) also known as uterine leiomyomas, are the most common benign tumor of the female genital tract. UFs have been reported to be associated with obstetric complications. The growth behavior of UFs in pregnancy is still debated. Although some evidence suggests a reduction in obstetric complications when leiomyomas are surgically treated before pregnancy, other authors support a lack of benefit for pregnancy outcomes. During pregnancy in very selected cases, when other treatment strategies have failed to manage symptoms and signs a surgical approach may be considered.

Methods : we presented a ۳۹-year-old gravida^۱ woman at gestational age of ۲۰ weeks who underwent myomectomy during pregnancy due to twisted pedunculated leiomyoma.

Results : Despite conservative management, persistent pain, fever, and rising inflammatory markers necessitated surgery. Laparoscopy revealed a twisted necrotic pedunculated leiomyoma, requiring conversion to laparotomy and myomectomy. Pregnancy continued successfully, resulting in the delivery of a healthy full-term infant at ۳۷ weeks.

Conclusion : we presented a ۳۹-year-old gravida^۱ woman at gestational age of ۲۰ weeks who underwent myomectomy during pregnancy due to twisted pedunculated leiomyoma.

Keywords : leiomyoma, pregnancy, surgery



Count: ۱۶

Abstract ID: ۶۱

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

Recent advances in the diagnosis and management of pathological placental adhesions: a review of new evidence.

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Background and Aim : Pathological adhesion spectrum (PAS) is a major cause of severe maternal hemorrhage and mortality, due to increased cesarean section rates. Despite advances in imaging (such as MRI) and multidisciplinary approaches that have helped with prenatal diagnosis and reduced complications, challenges remain in diagnosis and treatment. This study aimed to review the evidence and new guidelines for better management of this condition.

Methods : This review was conducted using advanced searches in the scientific databases PubMed, Scopus, and Google Scholar. A total of ۲۱ articles were identified, and after screening, ۸ studies from ۲۰۲۰ to ۲۰۲۵ were selected and analyzed based on inclusion criteria including alignment with research objectives, up-to-date information, and access to full text.

Results : A review of published studies and guidelines showed that ultrasound remains the standard and first-line method for prenatal diagnosis of the spectrum of pathological placental adhesions, with MRI being used mainly in cases of doubt, placenta praevia, or to determine the extent of involvement and to plan surgery. Recent evidence also emphasizes the importance of early identification of high-risk women and management by a multidisciplinary team, which is associated with a reduction in severe bleeding, the need for blood transfusion, and hysterectomy. Although there is still no complete consensus on the routine use of MRI and interventional methods such as interventional radiology, there is general agreement that prenatal diagnosis and planned cesarean section in experienced centers are the most effective strategies for improving maternal and neonatal outcomes.

Conclusion : Prenatal diagnosis of the spectrum of pathological placental adhesions using specialized ultrasound and, in selected cases, MRI, along with multidisciplinary management in specialized centers, plays an important role in reducing maternal and neonatal complications. Despite recent advances, high-quality studies and the development of evidence-based guidelines are still essential to standardize diagnostic and therapeutic strategies.

Keywords : Placenta Accreta Spectrum, Prenatal Diagnosis, Ultrasonography, Magnetic Resonance Imaging



Count: ۱۷

Abstract ID: ۲۵

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Oral

Efficacy of Melatonin Administration in Pregnancy in Prevention of Neonatal Respiratory Distress Syndrome in Preterm Neonates: A Randomized Controlled Trial

Submission Author: BAHAR FARSHIDFAR

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Background and Aim : Respiratory Distress Syndrome (RDA) is a common complication in premature neonates due to immature lungs, and antenatal corticosteroid administration could reduce its incidence. We aim to investigate the role of antenatal melatonin administration in preventing RDS among women with placenta accrete spectrum who usually mandate early delivery.

Methods : This is a single-blinded randomized controlled trial performed in a tertiary hospital among women with placenta accrete spectrum. The melatonin group received Melatonin ۱۰ mg/daily for two weeks before elective cesarean section in addition to corticosteroids, and the control group just received corticosteroids. The RDS occurrence was compared between two groups.

Results : In total, ۶۰ participants were involved in the study (۳۰ in the melatonin group and ۳۰ in the control group). RDS was diagnosed for five (۱۶,۷٪) neonates in the melatonin group and nine (۳۰,۰٪) neonates in the control group (P-value= ۰,۲۲۸). Among neonates with RDS, no neonate in the melatonin group required intubation, and six (۶۶,۷٪) neonates intubation needed in the control group (P = ۰,۰۱۶).

Conclusion : Antenatal melatonin administration may reduce the need for intubation in preterm neonates with RDS, though the lower incidence of RDS observed in the melatonin group was not statistically significant. The small number of RDS cases limits the ability to draw definitive conclusions regarding intubation rates and hospitalization duration. Larger-scale, multicenter studies with long-term follow-up are needed to validate these findings and better understand melatonin's role in neonatal respiratory care.

Keywords : Keywords: Melatonin, Respiratory Distress Syndrome, Placenta Accreta



Count: ۱۸

Abstract ID: ۶۳

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

Association of Pregnancy and Delivery Risk Factors with Autism Spectrum Disorder in Children Aged ۲–۷ Years in Urmia, Iran

Submission Author: Somayeh Ghasemzadeh

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Background and Aim : Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition with a largely unknown multifactorial etiology. While genetic factors are well-established, the "critical gestational window" as a site for gene-environment interactions has gained increasing attention. However, population-based data on modifiable perinatal risk factors are notably scarce in Iranian populations. This case-control study aimed to investigate the association between identifiable pregnancy and delivery risk factors and ASD occurrence in children aged ۲–۷ years in Urmia, Iran.

Methods : We enrolled ۱۰۰ children with confirmed ASD (based on DSM-۵ criteria) as cases and ۱۰۰ age- and sex-matched healthy children as controls. Exclusion criteria included familial genetic disorders, congenital blindness/deafness, and incomplete medical records. Data on gestational diabetes mellitus (GDM), premature rupture of membranes (PROM), mode of delivery (cesarean vs. vaginal), birth order, and first-trimester bleeding were extracted from maternal electronic health records. Analyses were performed using STATA v.۱۷, with statistical significance set at $P < ۰.۰۵$.

Results : After adjusting for confounders, three independent predictors of ASD were identified: GDM (aOR = ۲.۵۵; ۹۵% CI: ۱.۲۴–۵.۲۴; $P = ۰.۰۱$), PROM (aOR = ۲.۷۲; ۹۵% CI: ۱.۳۵–۵.۴۸; $P = ۰.۰۰۶$), and cesarean delivery (aOR = ۳.۱۲; ۹۵% CI: ۱.۵۸–۶.۱۴; $P = ۰.۰۰۱$). Other variables showed no significant associations.

Conclusion : Our study identifies three clinically actionable perinatal risk factors, all amenable to screening and intervention. The more-than-threefold increased risk associated with cesarean delivery highlights an urgent need to reassess obstetric indications in Iran. These findings support integrated antenatal care strategies—including glycemic control, timely PROM management, and promotion of vaginal delivery—as potential primary prevention measures for ASD. Prospective cohort studies with biomarker assessments are warranted to establish causality.

Keywords : Autism Spectrum Disorder, Gestational Diabetes, Premature Rupture of Membranes, Cesarean Section, Perinatal Risk Factors, Epidemiology



Count: ۱۹

Abstract ID: ۸۰

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

Predictive Value of First-Trimester Ultrasound in Multiple Pregnancy Outcomes: A Review of Key Indicators

Submission Author: Somayeh Ghasemzadeh

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Background and Aim : Multiple pregnancies represent a growing challenge in modern obstetrics due to the rising prevalence of assisted reproductive technologies. These pregnancies carry significantly higher risks of perinatal morbidity and mortality, necessitating precise management from the earliest weeks. First-trimester ultrasound (۱۱ to ۱۳ weeks + ۶ days) extends beyond aneuploidy screening, playing a pivotal role in determining prognosis. This review aims to investigate predictive first-trimester ultrasound indicators for outcomes in multiple pregnancies.

Methods : A systematic search was conducted in PubMed, Scopus, and Google Scholar using keywords related to first-trimester ultrasound, multiple pregnancy, and chorionicity from ۲۰۱۲ to ۲۰۲۶.

Results : Chorionicity determination is the most fundamental prognostic factor. Monochorionic pregnancies carry significantly higher risks of twin-to-twin transfusion syndrome (TTTS), selective fetal growth restriction, and perinatal mortality. Diagnostic accuracy for chorionicity in the first trimester is maximized through assessment of the lambda sign (dichorionic) and T-sign (monochorionic) at the intertwin membrane insertion site. Elevated uterine artery pulsatility index (PI cutoff: ۱.۳۹۳) and presence of early diastolic notch are independent risk factors for adverse outcomes before ۲۸ weeks ($P < ۰.۰۵$). Structural anomalies are more prevalent in monochorionic pregnancies (۲.۸% versus ۱.۳%), with first-trimester ultrasound detecting ۲۷% to ۵۲%. Increased nuchal translucency (NT) in monochorionic pregnancies may predict TTTS development.

Conclusion : First-trimester ultrasound, through chorionicity determination, uterine artery Doppler assessment, and anomaly screening, provides comprehensive prognostic information for multiple pregnancies. Integrating these indicators into clinical care models enables early identification of high-risk pregnancies and facilitates tailored management strategies.

Keywords : First-Trimester Ultrasound, Multiple Pregnancy, Chorionicity, Uterine Artery Pulsatility Index, Twin-to-Twin Transfusion Syndrome



Count: ۲۰

Abstract ID: ۶۷

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

First-trimester ultrasound assessment of maternal visceral and subcutaneous abdominal fat thickness and its association with gestational diabetes mellitus: a prospective cohort study

Submission Author: Mahsa Hallaji

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Background and Aim : Gestational diabetes mellitus (GDM) is a common metabolic disorder of pregnancy associated with adverse maternal and neonatal outcomes. Because visceral adiposity is more strongly associated with insulin resistance than generalized obesity, this study evaluated whether first-trimester ultrasound measurements of visceral adipose tissue (VAT) and subcutaneous adipose tissue (SAT) could predict the subsequent development of GDM.

Methods : In this prospective cohort study, women with singleton pregnancies underwent first-trimester ultrasonography at ۱۱-۱۴ weeks of gestation. Although ۱۲۶ women were initially enrolled, complete follow-up data were available for ۹۰ participants, who comprised the final analytical cohort. Maternal VAT and SAT thicknesses were measured using a standardized ultrasound technique. Participants were followed until routine GDM screening at ۲۴-۲۸ weeks of gestation. Logistic regression analysis was performed to identify independent predictors of GDM.

Results : Among the ۹۰ analyzed participants, ۲۲ (۲۴,۴٪) developed GDM, including ۱۵ cases of GDMA^۱ and ۷ cases of GDMA^۲. Women who developed GDM were older than those who did not (۳۲,۱۲ ± ۴,۲۲ vs. ۲۸,۹۲ ± ۴,۷۶ years; $P = ۰:۰۱$). No significant between group differences were observed in height, weight, body mass index, crown-rump length, gestational age at examination, or first-trimester fasting blood sugar. Increased visceral fat distribution was significantly associated with GDM ($P = ۰:۰۱$), whereas increased subcutaneous fat distribution was not ($P = ۰:۸۸$). In logistic regression analysis, maternal visceral fat thickness ($P = ۰:۰۰۴$) and age ($P = ۰:۰۳۴$) were significant predictors of GDM, whereas subcutaneous fat thickness, height, weight, and body mass index were not.

Conclusion : First-trimester ultrasound measurement of maternal visceral fat thickness may be a useful early, noninvasive predictor of GDM. Incorporating visceral adiposity assessment into routine early pregnancy ultrasound may improve identification of women at increased metabolic risk.

Keywords : Gestational diabetes mellitus, Ultrasound, Visceral adipose tissue, First trimester



Count: ۲۱

Abstract ID: ۲۲

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Oral

Artificial Intelligence and Machine Learning for Fetal Anomaly Detection in Ultrasonography

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Background and Aim : Early and accurate detection of fetal anomalies is essential for improving prenatal diagnosis and clinical decision-making. Although ultrasonography is the primary imaging modality for fetal assessment due to its safety, accessibility, and cost-effectiveness, accurate interpretation remains challenging because of operator dependency, image quality variability, and the complexity of fetal anatomy. Objective: This review aims to provide a comprehensive overview of recent machine learning (ML)-based approaches for fetal anomaly detection in ultrasound imaging, highlighting current advancements, challenges, and future research directions.

Methods : Recent literature on ML applications in fetal ultrasound imaging was reviewed, focusing on algorithms developed for image classification, object detection, segmentation, and anomaly detection. The review also examines emerging trends, including deep learning, transformer-based architectures, explainable artificial intelligence, and publicly available benchmark datasets.

Results : Recent advances in ML have substantially improved the automated analysis of fetal ultrasound images, demonstrating enhanced accuracy and efficiency in detecting structural abnormalities. Deep learning and transformer-based models have achieved state-of-the-art performance across multiple fetal imaging tasks, while explainable AI techniques have improved model transparency and clinical interpretability. Nevertheless, challenges related to limited annotated datasets, class imbalance, domain generalization, and clinical validation continue to hinder widespread adoption.

Conclusion : ML has significant potential to enhance fetal anomaly detection and support clinical decision-making in prenatal care. Addressing current limitations through larger multicenter datasets, robust validation strategies, explainable models, and seamless clinical integration will be critical for translating these technologies into routine obstetric practice.

Keywords : deep learning; fetal anomaly; machine learning; prenatal diagnosis; ultrasonography imaging.



Count: ۲۲

Abstract ID: ۵۸

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

Predication of Preeclampsia Severity by NLR and PLR

Submission Author: Mandana Mansoorghanaee

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Background and Aim : This study aimed to evaluate the association of first-trimester Neutrophil-to-Lymphocyte Ratio (NLR) and Platelet-to-Lymphocyte Ratio (PLR) with the presence and severity of preeclampsia (PE).

Methods : In this retrospective cohort study, medical records of ۱۴۸ pregnant women (mean age: ۳۰ years) from ۲۰۱۹ to ۲۰۲۱ were reviewed. Participants were classified into severe preeclampsia (SPE, n=۴۷), non-severe preeclampsia (NSPE, n=۴۶), and non-preeclamptic controls (NPE, n=۵۵). First-trimester hematologic parameters, including neutrophil, lymphocyte, platelet counts, NLR, and PLR, were compared among groups. Non-parametric tests, Generalized Estimating Equation (GEE) analysis, and Receiver Operating Characteristic (ROC) curve analysis were performed.

Results : Among the ۱۴۸ participants, ۳۱,۷٪ had SPE, ۳۱,۱٪ had NSPE, and ۳۷,۲٪ were healthy controls. The Kolmogorov–Smirnov test showed that the variables were not normally distributed ($p < ۰,۰۵$). Kruskal–Wallis analysis demonstrated no significant differences in NLR or PLR among the three groups, although the median PLR was higher in the SPE group. However, after adjustment using GEE analysis, both NLR and PLR were significantly higher in the SPE group than in the NSPE group (NLR: $\beta = -۰,۴۰۵$, $p < ۰,۰۰۱$; PLR: $\beta = ۱۵,۵$, $p = ۰,۰۰۱$) and the NPE group (NLR: $\beta = ۰,۵۲۹$, $p < ۰,۰۰۱$; PLR: $\beta = -۳۹,۰۳$, $p < ۰,۰۰۱$). ROC analysis showed poor predictive performance for both biomarkers ($AUC < ۰,۷۰$). For distinguishing NSPE from NPE, $NLR > ۲,۱۳$ and $PLR > ۸۱$ yielded sensitivities of ۷۳٪ and ۶۰٪ and specificities of ۴۳٪ and ۴۸٪, respectively. For differentiating SPE from NSPE, $NLR > ۲,۰۳$ and $PLR > ۸۵$ demonstrated sensitivities of ۷۰٪ and ۶۰٪ and specificities of ۲۷٪ and ۴۶,۷٪, respectively.

Conclusion : Although NLR and PLR were elevated in women with severe preeclampsia after adjustment for confounders, their limited diagnostic accuracy indicates that they are not reliable standalone biomarkers for predicting preeclampsia or its severity. Further prospective studies with larger sample sizes are warranted.

Keywords : PE prediction, Neutrophil Lymphocyte Ratio, Platelet Lymphocyte Ratio



Count: ۲۳

Abstract ID: ۵۹

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

Nucleated red blood cell in premature rupture of membranes

Submission Author: Mandana Mansoorghanaee

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Background and Aim : Premature Rupture of Membranes (PROM) refers to the rupture of the amniotic sac before the spontaneous onset of labor after the ۳۷th week of gestation. An increase in Nucleated Red Blood Cells (NRBCs) has been observed in infants born following prolonged PROM. This study was conducted with aim to investigate the relationship between the duration of PROM and the NRBC count in the umbilical cord blood of term neonates.

Methods : This cross-sectional analytical study was conducted on term neonates born via cesarean section or vaginal delivery at Al-Zahra Educational and Medical Center in Rasht. Within the first hour after birth, ۵ mL of umbilical vein blood was collected to measure the NRBC count per ۱۰۰ White Blood Cells (WBCs) and the absolute NRBC count. Data were analyzed using IBM SPSS software (version ۲۲). $P < ۰,۰۵$ was considered statistically significant.

Results : A total of ۴۵ mothers and their infants were included in the study. The mean maternal age was $۲۹,۲۶ \pm ۶,۶۷$ years, the mean duration of PROM was $۴,۶۹ \pm ۰,۵$ hours, and the mean NRBC percentage was $۱,۳۵ \pm ۲,۱۲\%$. No significant association was found between the duration of PROM and NRBC count ($P = ۰,۴۵۱$).

Conclusion : The present study did not show a significant association between the duration of PROM and the percentage of NRBC in the cord blood of term infants born at our center. Therefore, NRBC counts may not serve as a reliable clinical marker for PROM duration in low-risk term pregnancies.

Keywords : Premature rupture of membranes Newborn Nucleated red blood cell count



Count: ۲۴

Abstract ID: ۵۴

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Oral

Efficacy of Tranexamic Acid Injection With Oxytocin in Preventing Bleeding During and After Elective Cesarean Section: A Randomized Controlled Trial

Submission Author: Shima Mohammadian

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Background and Aim : Postpartum hemorrhage (PPH) is a leading cause of maternal mortality .study aimed to investigate the effect of tranexamic acid (TXA) injection with oxytocin verses oxytocin alone in preventing bleeding during and after elective cesarean .

Methods : This randomized, double-blind, placebo-controlled clinical trial enrolled ۲۰۰ full-term, singleton pregnant women candidates for elective cesarean section. Patients were randomly assigned to either an intervention group (n=۱۰۰) or a control group (n=۱۰۰). The intervention group received ۱ gram of TXA administered intravenously ۲۰ minutes before skin incision. The control group received an identical volume of placebo (۰.۹% saline). Both groups subsequently received ۳۰ units of oxytocin in ۵۰۰ mL of Ringer's after umbilical cord clamping. outcomes were intraoperative and postoperative blood loss. need for additional uterotonics, changes in hemoglobin levels, and the incidence of adverse effects.

Results : no significant differences between groups in terms of maternal age, gestational age, parity, gravidity, body mass index, and infant weight. The mean intraoperative blood loss was 46.0 ± 110.5 ml in the intervention group and 41.1 ± 102.1 mL in the control group ($P = 0.18$). The mean postoperative blood loss was 50.7 ± 113.1 ml and 50.7 ± 77.3 ml, respectively ($P = 0.81$). There were no significant differences in pre- and post-operative hemoglobin levels, need for additional uterotonics, or other hematologic indices. While ۹ patients (۹%) in the intervention group and ۴ patients (۴%) in the control group

Conclusion : e findings suggest that intravenous administration of ۱ gram of TXA before cesarean section along with oxytocin does not reduce bleeding during and after elective cesarean section in low-risk women. its routine use is not recommended for this population.

Keywords : Keywords: Cesarean , Bleeding, Tranexamic acid



Count: ۲۵

Abstract ID: ۹۹

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Oral

Prevalence and Associated Factors of Composite Unfavorable Pregnancy Outcomes in a Tertiary Referral Center in Tehran, Iran: A Cross-Sectional Study

Submission Author: SOMAYAH MORADPANAHI

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۵. Assistant Professor of Obstetrics and Gynecology Department Obstetrics and Gynecology School of Medicine Ziaiean Hospital, Tehran University of Medical Sciences, Tehran, Iran

Background and Aim : This cross-sectional study aimed to determine the prevalence of composite unfavorable pregnancy outcomes and their associated factors among pregnant women who received prenatal care and delivered at a tertiary referral hospital in Tehran, Iran.

Methods : This cross-sectional study (March ۲۰۲۰-۲۰۲۱) at Ziaiean Hospital (Tehran) included pregnant women with complete records. Data from medical records and phone interviews assessed ۱۴ adverse outcomes (e.g., preeclampsia, preterm delivery, GDM, LBW, NICU). Outcomes were binary (favorable vs. ≥ 1 complication). Univariate/multivariate logistic regression identified risk factors ($p < 0.05$) using STATA.

Results : Results: Of ۵۰۰ women included, ۳۲۳ (۶۴/۶٪) experienced at least one unfavorable pregnancy outcome. The most common adverse outcomes were NICU admission (۴۰/۲٪, $n=۲۰۱$), preterm delivery (۳۰/۲٪, $n=۱۵۱$), gestational diabetes (۲۸/۶٪, $n=۱۴۳$), low birth weight (۲۳/۴٪, $n=۱۱۷$), and preeclampsia (۲۲/۴٪, $n=۱۱۲$). Multivariate logistic regression identified older age ($OR=۱/۱۲$ per year, ۹۵٪CI: ۱/۰۵-۱/۲۱, $p=۰/۰۰۱$), history of abortion ($OR=۲۷/۲۳$, ۹۵٪CI: ۸/۳۱-۸۹/۲۵, $p<۰/۰۰۱$), parity ۳ vs. ۲ ($OR=۲۳/۰۳$, ۹۵٪CI: ۱۱/۰۴-۴۸/۰۴, $p<۰/۰۰۱$), cesarean section ($OR=۲/۱۹$, ۹۵٪CI: ۱/۱۷-۴/۹, $p=۰/۰۰۱$), and lower education (diploma vs. bachelor's: $OR=۱۰/۱۸$, ۹۵٪CI: ۱/۹۷-۵۲/۵۸, $p=۰/۰۰۶$) as significant association of unfavorable outcomes. History of medication use ($OR=۰/۱۲$, ۹۵٪CI: ۰/۰۴-۰/۳۵, $p<۰/۰۰۱$) and prior contraception ($OR=۰/۲۱$, ۹۵٪CI: ۰/۱-۰/۴۱, $p<۰/۰۰۱$) were protective .

Conclusion : Conclusion: Unfavorable pregnancy outcomes, especially NICU admission, preterm delivery, and gestational diabetes, were highly prevalent (۶۴/۶٪) in this referral hospital population. Older age, lower education, cesarean section, history of complications or abortion, and parity ۱ or ۳ (vs. parity ۲) were

significantly associated with adverse outcomes. Monitoring these factors in high-risk settings is recommended.

Keywords : Keywords: High-risk pregnancy, Unfavorable pregnancy outcomes, Gestational diabetes mellitus, Preeclampsia.



Count: ۲۶

Abstract ID: ۵۲

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

Using the placental migration parameter in ultrasound to rule out placental adhesions and comparing it with MRI

Submission Author: Maryam Moshfeghi

Maryam Moshfeghi^۱

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Background and Aim : Placenta accreta spectrum (PAS) is a serious obstetric complication associated with both vaginal delivery and Cesarean section, occurring more frequently in women with previous Cesarean deliveries or uterine surgeries such as myomectomy. Failure to diagnose PAS before delivery may necessitate complex surgery, including hysterectomy, with increased maternal morbidity. Ultrasound is the primary diagnostic tool, whereas MRI provides higher diagnostic accuracy but is expensive and not always available. This study evaluated placental migration as a potential predictor of PAS and compared its diagnostic performance with MRI.

Methods : This prospective study included ۲۵۰ women with repeat pregnancies who were followed from the first trimester until delivery. Placental location was assessed serially by ultrasound, and migration from placenta previa to marginal or low-lying positions was documented. In women whose placenta was initially located behind the bladder wall, subsequent examinations recorded migration toward the bladder neck, previous Cesarean scar, or higher uterine segments until ۳۴–۳۶ weeks of gestation. Patients with ultrasound findings suspicious for PAS underwent MRI whenever indicated. MRI findings were compared with placental migration patterns and surgical outcomes to determine diagnostic accuracy.

Results : Twenty-five women were suspected of having PAS on ultrasound, and ۲۰ subsequently underwent MRI. MRI suggested PAS in six cases, while surgery confirmed placental adhesion in five. In all six MRI-suspected cases, the placenta remained fixed in its original position throughout pregnancy without evidence of migration. The single MRI false-positive case demonstrated placental migration on serial ultrasound examinations and showed no placental adhesion during surgery.

Conclusion : Absence of placental migration throughout pregnancy, particularly in women with a history of previous Cesarean section or myomectomy and suspicious ultrasound findings, strongly suggests PAS. Evaluation of placental migration may serve as a practical, inexpensive adjunctive marker and could reduce reliance on MRI in selected high-risk pregnancies while improving prenatal diagnosis and clinical decision making.

Keywords : Placenta accreta spectrum, placental adhesion, placental migration, magnetic resonance imaging, ultrasonography.



Count: ۲۷

Abstract ID: ۵۳

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Oral

The Impact of Intensive Care on Pregnant Mothers and Their Newborns

Submission Author: Mahintaj Najafian

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Background and Aim : This investigation aimed to identify the clinical features and results for both mothers and newborns of obstetrics admitted to the intensive care unit (ICU).

Methods : his retrospective study analyzed expectant patients admitted to the ICU at Imam Khomeini Hospital in Ahvaz from March ۲۰۲۰ to March ۲۰۲۱. The medical records of these women were evaluated to determine their clinical features and results. During the research period, ۳۰ expectant patients were admitted to the ICU.

Results : Most of these mothers were under ۳۵ years old (۸۰٪), with ۱۱ being nulliparous (۳۶,۶۷٪) and ۲ (۶,۶۶ ٪) were multiple pregnancies. Of these women, ۵۶,۶۶٪ (n=۱۷) had an underlying disease, ۴۶,۱۵٪ (n=۱۲) had abnormal echocardiography results, and ۸۰٪ (n=۲۴) were delivered via cesarean section (CS). Admission reasons were divided between obstetric (n=۱۳, ۴۳,۳۳٪) and non-obstetric (n=۱۷, ۵۶,۶۷٪), with the most frequent causes being pulmonary thromboembolism (۲۰٪), pregnancy-induced hypertension disorders (۱۶,۶۷٪), sickle cell anemia (SCA) (۱۶,۶۷٪), platelet reduction (۱۰٪), and gestational diabetes mellitus (GDM) (۱۰٪). The average length of stay in the ICU was $۳,۰۳ \pm ۱,۵$ days. Of the newborns, ۵۶,۶۶٪ (n=۱۷) were premature, with an average birth weight of $۲۲۹۷,۳۳ \pm ۹۳۷,۹۸$ grams. While there were no maternal deaths in the ICU, perinatal mortality was reported at ۲۰٪ (n=۶).

Conclusion : This research discovered that the leading causes of ICU admission were pulmonary thromboembolism, hypertension disorders during pregnancy, and SCA. Furthermore, frequent traits among admitted patients included being under ۳۵ years old, nulliparity, having underlying diseases, and delivery via CS

Keywords : Pregnancy, Pregnancy Complications, Intensive Care Units, Infant, Newborn



Count: ۲۸

Abstract ID: ۳۹

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

The Level of Awareness and Self-Care of Mothers Undergoing Cesarean Section Regarding Post-Spinal Anesthesia

Submission Author: Seyyedeh maryam Seyd

Seyyedeh maryam Seyd^۱

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Background and Aim : Cesarean section (C/S) is commonly performed under spinal anesthesia, which carries potential complications. Adequate maternal awareness and self-care can prevent these complications. This study aimed to assess the level of awareness and self-care among mothers undergoing C/S regarding post-spinal anesthesia care.

Methods : This descriptive cross-sectional study was conducted in ۲۰۲۴ on ۲۵۵ mothers undergoing C/S with spinal anesthesia at Kamali Medical-Educational Center, Karaj, Iran. Data were collected using a validated self-designed questionnaire (CVI=۸۳%, CVR=۸۱%, Cronbach's alpha=۷۸%) including demographic, awareness (۱۰ items), and self-care (۱۰ items) sections. Scores ranged from ۰-۲۰, classified into very weak, relatively weak, relatively good, and very good. Data were analyzed using SPSS v.۲۸ with one-way ANOVA and multiple linear regression. $P < ۰,۰۵$ was considered significant.

Results : The mean awareness score was $۷,۲۱ \pm ۵,۷۲$ (relatively weak level), while the mean self-care score was $۱۴,۳۲ \pm ۲,۴۰$ (relatively good level). A positive and significant correlation was found between awareness and self-care ($r=۰,۳۹۵$, $p < ۰,۰۰۱$). The highest awareness was related to headache prevention (۶۳,۵%) and the lowest to hypotension-related symptoms (۱۰%). The highest self-care was avoiding sudden position changes (۹۳,۵%) and the lowest was using abdominal binders (۴۲,۵%). Multiple regression revealed that history of spinal anesthesia ($\beta=۰,۳۷۱$, $p < ۰,۰۰۱$), complications after anesthesia ($\beta=۰,۲۶۰$, $p < ۰,۰۰۱$), and education level ($\beta=۰,۲۰۴$, $p=۰,۰۲۰$) were significant predictors of awareness, explaining ۲۰,۴% of its variance ($R^2=۰,۲۰۴$).

Conclusion : Awareness of mothers regarding post-spinal anesthesia care was low, while their self-care performance was relatively adequate. Increasing awareness through targeted educational interventions can improve self-care behaviors. Healthcare providers should focus on enhancing maternal knowledge, especially about hypotension-related symptoms and pain management, to reduce complications and improve post-cesarean recovery.

Keywords : Awareness, Cesarean Section, Complications, Self-Care, Spinal Anesthesia



Count: ۲۹

Abstract ID: ۵۶

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

Determination of Maternal and Fetal Complications in Pregnant Women with Severe Preeclampsia and Eclampsia Hospitalized in the Teaching Hospitals of Abadan and Khorramshahr During ۲۰۲۰-۲۰۲۱

Submission Author: Shabnam Shahrokhi

Shabnam Shahrokhi^۱, Maryam Ban^۲, Mahsan Mousavi^۳, Bagher Pahlavanzade^۴, Ava Farshid^۵

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Background and Aim : Preeclampsia is a major obstetric complication that can simultaneously endanger maternal and fetal health. This study aimed to determine the prevalence and pattern of maternal and fetal complications among pregnant women with severe preeclampsia and eclampsia admitted to teaching hospitals.

Methods : This descriptive-analytical, cross-sectional epidemiological study was conducted on ۱۴۸ randomly selected women diagnosed with preeclampsia. Data were obtained using a structured checklist of demographic characteristics and maternal-fetal complications retrieved from hospital HIS records. Statistical analyses were performed using SPSS version ۲۴.

Results : Maternal age and body weight showed a statistically significant association with the occurrence of eclampsia. Among fetal outcomes, intrauterine growth restriction (IUGR) and hypoxic-ischemic neurological injury were significantly correlated with eclampsia. Fisher's exact test demonstrated significant associations between maternal age and both placental abruption and nephropathy. Additionally, the number of preterm deliveries was significantly related to acute respiratory distress syndrome (ARDS), HELLP syndrome, and hypoxic-ischemic neurological injury. Maternal weight was also significantly associated with ARDS, HELLP syndrome, IUGR, and hypoxic-ischemic neurological complications.

Conclusion : Lower maternal age and higher maternal weight increase the likelihood of developing preeclampsia. Severe maternal and fetal complications—including ARDS, acute renal failure, IUGR, hypoxic-ischemic neurological injury, nephropathy, and HELLP syndrome are highly prevalent among women affected by preeclampsia. These findings underscore the necessity for early identification, close monitoring, and timely intervention in high-risk pregnancies to reduce adverse outcomes.

Keywords : Preeclampsia ,Eclampsia ,Maternal Complications ,Fetal Complications



Count: ۳۰

Abstract ID: ۲۴

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

Massive Renal Pelvic Stone with Recurrent Asymptomatic Carbapenem-Resistant E. Coli Bacteriuria During Pregnancy: A Case Report

Submission Author: Sahar Taheri

Sahar Taheri^۱, roghayeh nouri^۲

^۱. Dr mohamadreza shahrasbi

Background and Aim : Massive Renal Pelvic Stone Associated with Recurrent Asymptomatic Carbapenem Resistant Escherichia coli Bacteriuria During Pregnancy: A Case Report

Methods : Abstract Background: Asymptomatic bacteriuria (ASB) during pregnancy is a well recognized risk factor for adverse maternal and fetal outcomes. The coexistence of carbapenem resistant Escherichia coli (CRE) bacteriuria and large renal calculi in pregnancy is rare and poses significant diagnostic and therapeutic challenges.

Results : Case Presentation: A ۳۹ year old primigravid woman at ۲۷ weeks of gestation was referred following an abnormal renal ultrasound. She was asymptomatic and hemodynamically stable. Repeated urine cultures demonstrated persistent asymptomatic bacteriuria caused by carbapenem resistant E. coli, sensitive only to imipenem and amikacin. Ultrasonography revealed a ۲۰ mm stone in the right renal pelvis with mild to moderate hydronephrosis. Given the absence of clinical symptoms, lack of systemic infection, and concerns regarding fetal safety, a conservative management strategy was adopted, and definitive surgical treatment was postponed until after delivery.

Conclusion : Outcomes: The pregnancy progressed without maternal or neonatal complications. Postpartum evaluation confirmed persistence of the renal stone, and percutaneous nephrolithotomy was planned as definitive management. Conclusion: This case highlights that, in carefully selected pregnant patients, large renal stones associated with asymptomatic carbapenem resistant bacteriuria can be managed conservatively with close monitoring until delivery, thereby minimizing maternal and fetal risks associated with invasive interventions during pregnancy.

Keywords : Key words: Pregnancy, kidney stones, Escherichia coli bacteria, urinary tract infection, treatment



Count: ۳۱

Abstract ID: ۷۷

subject: Sonography in Obstetrics, Preterm Labor, High risk pregnancy, Placenta adherence abnormalities, Postpartum Hemorrhage

Presentation Type: Poster

The impact of betamethasone administration on color Doppler ultrasound parameters and neonatal outcomes in fetuses with intrauterine growth restriction

Submission Author: Shamsi Zare

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Background and Aim : Fetal growth restriction (FGR) is associated with placental insufficiency, impaired fetal circulation, and adverse perinatal outcomes. This study evaluated the effect of betamethasone on fetal Doppler ultrasound parameters and neonatal outcomes in pregnancies complicated by FGR.

Methods : In this descriptive-analytical study, pregnant women with singleton FGR pregnancies between ۲۸ and ۳۴ weeks of gestation received two intramuscular doses of betamethasone (۱۲ mg, ۲۴ hours apart). Color Doppler ultrasound was performed before treatment and ۹۶ hours after the first dose to assess the umbilical and middle cerebral arteries. Participants were followed until delivery, and neonatal outcomes were recorded. Statistical significance was set at $P < ۰,۰۰۵$.

Results : Betamethasone significantly reduced the umbilical artery pulsatility and resistance indices while increasing the middle cerebral artery pulsatility and resistance indices ($P < ۰,۰۰۵$). Neonatal outcomes were favorable, with mean Apgar scores of ۸,۵۸ and ۹,۰۰ at ۱ and ۵ minutes, respectively, a mean umbilical cord arterial pH of ۷,۲۸, and no maternal or neonatal drug-related adverse events or mortality.

Conclusion : Betamethasone improved fetal Doppler indices and fetal circulation in pregnancies complicated by FGR, suggesting a potential role in prolonging pregnancy and improving neonatal outcomes without increasing adverse events.

Keywords : betamethasone, color Doppler ultrasound, neonatal outcomes, intrauterine growth restriction



Count: ۳۲

Abstract ID: ۴۸

subject: General Gynecology (Menopause, Polycystic Ovary syndrome , ...)

Presentation Type: Oral

Non-Hormonal Management of Menopausal Vasomotor Symptoms: Current Evidence and Emerging Therapeutic Options

Submission Author: Hajar Abbasi

Hajar Abbasi^۱

^۱. Preventative Gynecology Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Background and Aim : Vasomotor symptoms (VMS), are among the most common and bothersome symptoms during the menopausal transition. Beyond physical discomfort, persistent VMS may negatively affect sleep quality, psychological well-being, daily activities, and overall quality of life. Although menopausal hormone therapy (MHT) remains the most effective treatment for eligible women, some patients cannot or prefer not to use hormonal therapy due to contraindications, previous hormone-sensitive malignancies, thromboembolic risk, or personal preference. This review aimed to summarize current evidence regarding non-hormonal approaches and emerging therapeutic options for menopausal VMS.

Methods : A narrative review was conducted based on recent clinical trials, systematic reviews, and international guidelines published between ۲۰۲۲ and ۲۰۲۵. Evidence from The Menopause Society, International Menopause Society (IMS), European Menopause and Andropause Society (EMAS), and American College of Obstetricians and Gynecologists (ACOG) was evaluated, focusing on efficacy, safety, and clinical applicability of non-hormonal treatments.

Results : Several non-hormonal therapies have demonstrated beneficial effects in women with menopausal VMS. Selective serotonin and norepinephrine reuptake inhibitors (SSRIs/SNRIs), including paroxetine, escitalopram, and venlafaxine, remain effective options for reducing hot flash frequency and severity. Gabapentin may be particularly useful in women with nocturnal symptoms and sleep disturbances, while oxybutynin may provide symptom relief in selected patients. A recent advancement in this field is fezolinetant, a novel oral neurokinin-۳ (NK۳) receptor antagonist that targets KNDy neuronal pathways involved in hypothalamic thermoregulation without estrogenic activity. Phase III SKYLIGHT trials demonstrated significant and sustained reductions in moderate-to-severe VMS, along with improvements in menopause-related quality of life. Although approved by FDA and EMA, fezolinetant is not currently widely available in Iran.

Conclusion : Non-hormonal therapies have become an essential component of individualized menopausal care. Emerging treatments such as fezolinetant may further expand future therapeutic options. A personalized approach based on symptom severity, comorbidities, safety considerations, and shared decision-making remains essential for optimizing outcomes and improving quality of life in menopausal women.

Keywords : Menopause; Neurokinin-۳ Receptor Antagonists; Fezolinetant



Count: ۳۳

Abstract ID: ۹۶

subject: General Gynecology (Menopause, Polycystic Ovary syndrome , ...)

Presentation Type: Poster

Comparative Effectiveness of Lifestyle Modification, Metformin, and Combined Therapies in Women with Polycystic Ovary Syndrome: A Systematic Review and Meta-analysis"

Submission Author: Atefeh Echresh Zadeh

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۱. Surgical Technology Student, Member of Student Research Committee, Faculty of Nursing and Midwifery, Ahvaz Jundishapur
۲. Surgical Technology Student, Member of Student Research Committee, Faculty of Nursing and Midwifery, Ahvaz Jundishapur
Endometrial cancer is the most common gynecologic malignancy in developed countries, with an increasing incidence among women of reproductive age. In selected patients with early-stage disease, fertility-sparing treatment has emerged as an alternative to standard surgical management to preserve reproductive potential. However, concerns remain regarding its oncologic safety, recurrence risk, and reproductive outcomes, highlighting the need for a comprehensive evaluation of the available evidence.¹

Background and Aim : Polycystic ovary syndrome (PCOS) is a common endocrine disorder in women of reproductive age, associated with reproductive and metabolic abnormalities. Lifestyle modification and metformin are widely used therapeutic strategies; however, their comparative effectiveness remains unclear. This systematic review and meta-analysis evaluates the impact of these interventions on clinical and metabolic outcomes in women with PCOS.

Methods : This review was conducted using advanced searches in the scientific databases PubMed, Scopus, and Google Scholar. A total of ۲۳ articles were identified, and after screening, ۱۱ studies from ۲۰۲۰ to ۲۰۲۵ were selected and analyzed based on inclusion criteria including alignment with research objectives, up-to-date information, and access to full text.

Results : The included studies indicated that lifestyle modification improved weight management, insulin sensitivity, and metabolic outcomes in women with PCOS. Metformin demonstrated beneficial effects on insulin resistance and menstrual regulation, while combined therapy showed greater improvements in some reproductive and metabolic parameters compared with single interventions. However, heterogeneity among studies suggests the need for further high-quality trials to determine the optimal treatment strategy.

Conclusion : Lifestyle modification and metformin are effective approaches for improving metabolic and reproductive outcomes in women with PCOS. Combined interventions may provide additional benefits; however, individualized treatment strategies based on patient characteristics are recommended.

Keywords : Polycystic Ovary Syndrome, Metformin, Lifestyle, Treatment Outcome



Count: ۳۴

Abstract ID: ۶۲

subject: General Gynecology (Menopause, Polycystic Ovary syndrome , ...)

Presentation Type: Poster

ISOLATED RIGHT FALLOPIAN TUBE TORSION IN A ۱۳-YEAR-OLD ADOLESCENT – a case report

Submission Author: Narjes Forouhar

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۴. Master of Midwifery, School of Nursing and Midwifery, Sabzevar University of Medical Sciences, Sabzevar, Iran.

Background and Aim : Torsion of the fallopian tube is a rare painful disease that usually occurs in the lower quadrant of patients. This disease is caused by the twisting of the fallopian tube in its axis and causes partial or complete blockage of its blood flow. It mainly occurs in teenagers and women during ovulation.

Methods : This article is a case report.

Results : A ۱۳-year-old sexually inactive girl presented with a four-day history of worsening right lower abdominal and hypogastric pain. Transabdominal ultrasonography showed normal ovaries and a ۶۰×۳۵ - mm hemorrhagic solid-cystic mass in the left adnexa, accompanied by ۲۰ mL of free fluid. Emergency laparotomy revealed that the apparent left adnexal mass was actually a severely twisted right fallopian tube displaced to the left side, with marked congestion, necrosis, and deformation; the uterus, both ovaries, and the left fallopian tube were normal. Histopathological examination demonstrated extensive congestion, hemorrhage, and ischemia of the right fallopian tube, confirming isolated fallopian tube torsion. The postoperative course was uneventful, and the patient was discharged three days after surgery.

Conclusion : Isolated fallopian tube torsion should be considered in the differential diagnosis of acute lower abdominal pain in adolescent girls, even when ultrasonography shows normal ovaries or suggests a contralateral adnexal mass. A high index of clinical suspicion and prompt surgical evaluation are essential to prevent irreversible tubal damage and preserve future fertility.

Keywords : salpingectomy, fallopian tube, torsion, laparoscopy, Laparotomy, Oophorectomy



Count: ۳۵

Abstract ID: ۶۶

subject: General Gynecology (Menopause, Polycystic Ovary syndrome , ...)

Presentation Type: Poster

Serum Lipocalin- α_2 Levels in Postmenopausal Versus Premenopausal Women: A Systematic Review and Meta-Analysis

Submission Author: Mehdi Ghaffarisarghein

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Background and Aim : Lipocalin- α_2 (LCN α_2), also known as neutrophil gelatinase-associated lipocalin, is an adipokine involved in inflammation, insulin resistance, and metabolic regulation. Because hormonal changes across the female reproductive lifespan may influence metabolic pathways, we aimed to evaluate whether circulating LCN α_2 levels differ between postmenopausal and premenopausal women.

Methods : This systematic review and meta-analysis was conducted according to PRISMA guidelines and registered in PROSPERO. PubMed, Scopus, and Web of Science were searched for observational studies reporting serum LCN α_2 concentrations in postmenopausal women compared with premenopausal controls. Two reviewers independently screened studies, extracted data, and assessed methodological quality using AHRQ criteria. Weighted mean differences (WMDs) with ۹۵% confidence intervals (CIs) were pooled using fixed- or random-effects models according to heterogeneity.

Results : From ۲,۳۴۵ records, two studies met the eligibility criteria, including ۹۶۲ postmenopausal women and ۱۲۷ premenopausal women. Pooled analysis showed no significant difference in serum LCN α_2 concentrations between postmenopausal and premenopausal women (WMD: -۴,۰۶۲; ۹۵% CI: -۱۵,۸۲۱ to ۷,۶۹۸; $P = ۰,۴۹۸$). Between-study heterogeneity was substantial ($I^2 = ۹۸,۳۱\%$, $P < ۰,۰۰۱$).

Conclusion : Current evidence suggests that postmenopausal status is not associated with a significant change in circulating LCN α_2 levels compared with premenopausal status. However, the very limited number of studies and high heterogeneity indicate that further well-designed studies are needed to clarify the relationship between menopause and LCN α_2 .

Keywords : Lipocalin- α_2 ; Postmenopause; Premenopause; Meta-Analysis; Women; Biomarkers



Count: ۳۶

Abstract ID: ۵۰

subject: General Gynecology (Menopause, Polycystic Ovary syndrome , ...)

Presentation Type: Oral

The Impact of War Exposure on Menstrual Disorders: A Systematic Review

Submission Author: Mahdiah Joukar

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Background and Aim : War and armed conflict expose women to chronic psychological trauma, displacement, and impaired access to health care, all of which may negatively impact menstrual and reproductive health. This study aimed to systematically review the available evidence on the association between exposure to war/armed conflict and menstrual disorders among women and adolescent girls affected by conflict.

Methods : This study was conducted as a systematic review following the PRISMA ۲۰۲۰ guidelines. A systematic search was performed in the PubMed, Scopus, and ScienceDirect databases for studies published between ۱۹۹۰ and ۲۰۲۶, using a combination of keywords related to “war,” “armed conflict,” “political violence,” “displacement,” “refugees,” “menstrual disorders,” “dysmenorrhea,” “menstrual cycle”. The methodological quality of the included studies was assessed using the Mixed Methods Appraisal Tool. Due to the substantial heterogeneity among the studies, data synthesis was conducted using thematic analysis.

Results : After screening ۶۲۱ records, ۱۵ studies were selected for this systematic review. It consistently found a link between war exposure and negative menstrual health outcomes in populations affected by conflicts in Ukraine, Palestine, Lebanon, Syria/Jordan, and Japan (used as a post-disaster comparison). Four key themes emerged: increased menstrual cycle irregularities; higher rates and severity of PMS and PMDD linked to trauma; a greater burden of dysmenorrhea in displaced women and refugees; and increased endometriosis among women evacuated from conflict zones. Human insecurity, cumulative trauma, and psychological distress (including depression and PTSD) were identified as consistent factors explaining this relationship.

Conclusion : Exposure to war and armed conflict is consistently associated with a broad spectrum of menstrual disorders, ranging from acute menstrual cycle irregularities to chronic conditions .Menstrual health should be recognized as an essential component of women’s health in humanitarian crises and conflict-affected settings. Furthermore, future longitudinal and mechanistic studies are needed to elucidate the causal pathways linking war exposure to menstrual disorders and to inform the development of targeted, evidence-based interventions.

Keywords : War, Armed Conflict, Menstrual Disorders, Dysmenorrhea



Count: ۳۷

Abstract ID: ۹۰

subject: General Gynecology (Menopause, Polycystic Ovary syndrome , ...)

Presentation Type: Oral

Hydrogel-Assisted Stem Cell Therapy and Tissue Engineering in Women's Reproductive Disorders: From Bench to Bedside

Submission Author: Hanieh Mahmoudi hashemi

Hanieh Mahmoudi hashemi^۱, mohadese valizade^۲

۱. Student Research Committee, (School of Advanced Technologies in Medicine), Shahid Beheshti University of Medical Sciences, Tehran, Iran. ^۲ Men's Health and Reproductive Health Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran
۲. Student Research Committee, (School of Advanced Technologies in Medicine), Shahid Beheshti University of Medical Sciences, Tehran, Iran. ^۲ Men's Health and Reproductive Health Research Center, Shahid Beheshti University of Medical Sciences, Tehran, Iran

Background and Aim : Female reproductive disorders represent a major global health challenge, affecting millions of women throughout their reproductive lifespan and contributing substantially to infertility, chronic pelvic pain, recurrent pregnancy loss, and diminished quality of life.

Methods : Conditions such as intrauterine adhesion (IUA), premature ovarian insufficiency (POI), endometriosis, cesarean scar defect (CSD), thin endometrium, uterine malformations, and ovarian dysfunction collectively impose significant medical, psychological, and socioeconomic burdens.

Results : However, accumulating evidence indicates that stem cell transplantation alone is insufficient to achieve consistent and durable tissue regeneration. Following transplantation, a large proportion of transplanted cells undergo apoptosis because of oxidative stress, inflammation, ischemia, mechanical leakage, and inadequate extracellular support.

Conclusion : In this narrative review, we comprehensively discuss the current landscape of stem cell therapy, tissue engineering, and hydrogel-based biomaterials for the treatment of female reproductive disorders. We summarize recent advances in hydrogel-assisted regenerative strategies for ovarian, tubal, endometrial, uterine, and cervical diseases, highlighting their biological mechanisms

Keywords : reproductive regenerative therapies, gynecology ,stem cells, extracellular vesicles, exosomes, cytokines, growth factors



Count: ۳۸

Abstract ID: ۵

subject: General Gynecology (Menopause, Polycystic Ovary syndrome , ...)

Presentation Type: Oral

Can New-Generation Weight-Loss Medications Improve Fertility in Women with PCOS? From Clinical Promise to Evidence-Based Reality

Submission Author: Susan Peyrovan

Susan Peyrovan^۱

^۱. Member of Iranian Infertility Society

Background and Aim : Polycystic ovary syndrome (PCOS) is a leading cause of anovulatory infertility and is strongly associated with obesity, insulin resistance, and hyperandrogenism. Glucagon-like peptide-^۱ receptor agonists (GLP-^۱ RAs), including liraglutide, semaglutide, and tirzepatide, have demonstrated substantial metabolic benefits and may improve reproductive outcomes in women with PCOS. This review aimed to evaluate the current evidence regarding their impact on fertility-related outcomes.

Methods : A narrative review of studies published between ۲۰۲۰ and ۲۰۲۶ was conducted using PubMed, Scopus, Web of Science, and Cochrane Library databases. Randomized controlled trials, observational studies, systematic reviews, meta-analyses, and international guidelines addressing GLP-^۱ receptor agonists in women with PCOS were included.

Results : Available evidence suggests that GLP-^۱ receptor agonists improve weight loss, insulin sensitivity, and androgen profiles, leading to better menstrual regularity and ovulatory function. Several studies have also reported increased spontaneous pregnancy rates, particularly among overweight and obese women with PCOS. However, evidence remains limited by small sample sizes, short follow-up periods, and insufficient data on live birth rates and long-term reproductive outcomes.

Conclusion : GLP-^۱ receptor agonists may enhance fertility potential in selected women with PCOS primarily through metabolic optimization rather than direct reproductive effects. Although promising as an adjunctive strategy before fertility treatment, they should not replace established infertility therapies. Further large-scale randomized controlled trials are required to define their role in reproductive medicine.

Keywords : Polycystic Ovary Syndrome; GLP-^۱ Receptor Agonists; Tirzepatide; Semaglutide; Fertility.



Count: ۳۹

Abstract ID: ۷۲

subject: General Gynecology (Menopause, Polycystic Ovary syndrome , ...)

Presentation Type: Oral

Effect of Green *Ocimum basilicum* Leaf Extract Capsule on the Quality of Life of Postmenopausal Women: A Randomized, Placebo-controlled, Clinical Trial

Submission Author: Mansoureh Yazdkhasti

Mansoureh Yazdkhasti^۱

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Background and Aim : Menopause can make women more vulnerable and has different vasomotor, psychosocial, physical, and sexual domains, which can reduce women's Quality of Life (QOL). The use of medicinal plants containing phytoestrogens can reduce the symptoms of menopause

Methods : This is a double-blind, randomized, controlled clinical trial conducted from November ۲۰۱۹ to May ۲۰۲۲ at a teaching hospital affiliated with Alborz University of Medical Sciences, Karaj, Iran. Eighty participants were allocated to the intervention (n=۴۰) and control (n=۴۰) groups using block randomization. The intervention group received ۲۵۰ mg GOBLE capsules every ۱۲ hours for eight weeks. In the control group, a placebo was used. Data were collected by the Menopause-Specific Quality of Life (MENQOL) questionnaire at three time points: Before the intervention, one month after the intervention, and two months after the intervention. Independent t-test, paired t-test, Wilcoxon test, Mann-Whitney U test, Friedman's test, and ANOVA were used for statistical analysis

Results : The majority of women were aged ۴۷-۵۱ years (۵۱,۴٪ in the intervention group and ۴۳,۶٪ in the control group), and had an age at menopause of ۴۸-۵۲ years (۵۵٪ in the intervention group and ۵۹٪ in the control group). The total MENQOL score ranged from ۲۹ to ۲۳۲. In the intervention group, the results one month after the intervention showed a significant reduction only in vasomotor (from ۱۴,۱±۶,۴ to ۱۰,۵±۵,۵, P=۰,۰۱) and sexual (from ۱۵±۶,۷ to ۱۱,۵±۷,۲, P=۰,۰۳) domains. The trend of changes two months after intervention showed significant between-group differences in vasomotor (P=۰,۰۱, $\eta^2=۰,۳۵$) and sexual (P=۰,۰۰۱, $\eta^2=۰,۲۸$) domains. There were no statistically significant differences in the control group

Conclusion : The GOBLE capsule administration can reduce the effect of vasomotor and sexual symptoms of menopause on the QOL of postmenopausal women. Therefore, this product may help alleviate hot flashes, sweating, and night sweats (vasomotor symptoms) and improve sexual desire, vaginal dryness, and sexual activity in postmenopausal women

Keywords : Green *Ocimum basilicum* L, Menopause, Quality of life, women



Count: ۴۰

Abstract ID: ۷۰

subject: General Gynecology (Menopause, Polycystic Ovary syndrome , ...)

Presentation Type: Oral

The association between age of menopause and type ۲ diabetes: a systematic review and meta-analysis

Submission Author: Mansoureh Yazdkhasti

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Background and Aim : Type-۲ diabetes mellitus (T^۲DM) is considered one of the chronic diseases that can have a relationship with age of menopause onset. Several studies have revealed that early menopause or late menopause can have a correlation with type-۲ diabetes. This systematic review and meta-analysis aimed to investigate the association between the age of menopause onset and type-۲ diabetes.

Methods : PubMed, Web of Science, Scopus, Science Direct, Google Scholar, and Cochrane were searched for studies that have evaluated the relationship between T^۲DM and age of menopause onset. We pooled the effect sizes of the included studies using both adjusted odds ratios (OR) and hazard ratios (HR) of interest outcomes with their ۹۵% confidence interval (CI).

Results : Nineteen papers were included in this study, ^۸ studies were cohorts, and ^{۱۱} were cross sectional. Studies revealed a statistically significant association between early menopause age and increased odds of T^۲DM (OR = ۱,۲۴, ۹۵% CI: ۱,۰۹-۱,۴۰; I^۲ = ۶۷%; p = ۰,۰۰۱). Late menopause age was also associated with an increased odds of T^۲DM (OR = ۱,۱۴, ۹۵% CI: ۱,۰۳-۱,۲۶; I^۲ = ۵۶%; p = ۰,۰۱) compared to the reference group with normal menopausal age. As our secondary outcome, the hazard of developing T^۲DM in individuals with early or late menopausal age was assessed. Pooled analysis demonstrated a significantly higher hazard of T^۲DM among women with early menopause age (HR = ۱,۳۱, ۹۵% CI: ۱,۰۵-۱,۶۴; I^۲ = ۷۲%; p = ۰,۰۲). Late menopause age did not show a significant association (HR = ۰,۹۶, ۹۵% CI: ۰,۸۴-۱,۱۰; I^۲ = ۶۸%; p = ۰,۵۶).

Conclusion : Early and late menopause can both increase the risk of T^۲DM. Future research is needed to warrant the certainty of our findings.

Keywords : Menopause, Diabetes, women



Count: ۴۱

Abstract ID: ۱۰۱

subject: General Gynecology (Menopause, Polycystic Ovary syndrome , ...)

Presentation Type: Oral

Gut and Reproductive Tract Microbiome Dysbiosis in Uterine Fibroids: A Review of Evidence, Mechanisms, and Therapeutic Perspectives

Submission Author: Smaneh Youseflu

Smaneh Youseflu^۱, Shahid Beheshti University of Medical Sciences^۲

^۱. Samaneh youseflu

Background and Aim : Uterine fibroids (leiomyomas) are benign tumors affecting ۷۰–۸۰٪ of reproductive-aged women, yet their etiology remains unclear and treatments are limited to surgery and hormonal therapy. Advances in next-generation sequencing have challenged the sterile uterus paradigm, revealing that endometrial and gut microbiomes contribute to fibroid pathogenesis through chronic inflammation, altered estrogen metabolism via the gut estrobolome, and local immune modulation. This review systematically examines evidence linking microbiome dysbiosis to fibroids and underlying mechanisms.

Methods : A scoping review was conducted via systematic search of PubMed, EMBASE, Scopus, and Web of Science for articles published between ۲۰۱۸–۲۰۲۶. Inclusion criteria covered original research and systematic reviews comparing gut, vaginal, cervical, or endometrial microbiomes in fibroid patients versus controls. Case reports and studies lacking valid experimental data were excluded. MeSH keywords included "Uterine Fibroids," "Leiomyoma," "Microbiome," "Microbiota," "Dysbiosis," and "Gut Microbiota." Selection and extraction followed PRISMA-ScR guidelines with narrative synthesis. Sixteen studies met inclusion criteria.

Results : Results revealed three main mechanisms. First, the gut estrobolome converts conjugated estrogens into active forms via beta-glucuronidase, raising circulating estrogen levels. Second, chronic inflammation—demonstrated by E. coli LPS treatment of leiomyoma fibroblasts activating TLR۴/MyD۸۸/NF-κB—increases proliferation. Third, reproductive tract composition changes: reduced Lactobacilli in vagina/cervix and increased L. iners in cervix were observed. While overall diversity did not significantly differ between groups, alpha diversity decreased with higher fibroid numbers. Firmicutes increased at phylum level. Co-occurrence network analysis revealed lower connectivity and complexity in fibroid patients, indicating reduced microbial stability. At genus level, Erysipelatoclostridium, Mucispirillum, and Finegoldia increased, while Erysipelotrichaceae UCG-۰۰۳ and Spor decreased.

Conclusion : Conclusion: The evidence confirms that microbiome dysbiosis significantly contributes to fibroid pathogenesis through estrogen metabolism, inflammation, and immune modulation.

Keywords : Uterine Fibroids, Leiomyoma, Microbiome, Dysbiosis, Gut Microbiota, Estrobolome,



Count: ۴۶

Abstract ID: ۴۷

subject: Endometriosis Challenges

Presentation Type: Oral

Beyond Diagnosis: Toward Precision Clinical Decision-Making in Endometriosis

Submission Author: Hajar Abbasi

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Background and Aim : For decades, the primary challenge in endometriosis has been achieving timely diagnosis. However, despite major advances in expert ultrasonography, magnetic resonance imaging, molecular biomarkers, and artificial intelligence (AI), translating diagnostic information into individualized clinical management remains a significant unmet need. This review aimed to summarize current evidence and introduce a clinically oriented conceptual framework for precision clinical decision-making in endometriosis.

Methods : A narrative review of studies published between ۲۰۲۳ and ۲۰۲۶ was conducted. International guidelines and high-impact publications addressing clinical phenotyping, expert imaging, biomarkers, AI-assisted clinical decision support, fertility assessment, and individualized management were critically reviewed. Current challenges were synthesized to develop an evidence-informed conceptual framework.

Results : The available evidence indicates that optimal endometriosis management extends beyond diagnostic accuracy alone. Personalized care requires integration of expert clinical reasoning, detailed history taking, physical examination, symptom profile, disease phenotype, reproductive goals, advanced imaging, biomarkers, and computational decision-support systems. Drawing upon the available evidence, we outline the Precision Endometriosis Clinical Decision Framework, a conceptual model that integrates five sequential components: clinical reasoning, clinical phenotyping, precision diagnostics, computational decision support, and personalized clinical decision-making. Within this framework, artificial intelligence functions as a complementary decision-support technology rather than a replacement for physician expertise. The model emphasizes continuous clinical reassessment throughout the patient's reproductive journey to support individualized therapeutic and fertility-related decisions.

Conclusion : The future of endometriosis care lies in transforming diagnosis into individualized clinical decision-making through intelligent integration of clinical expertise, patient priorities, precision diagnostics, and emerging computational technologies. This conceptual framework offers a practical vision for precision gynecology and provides a foundation for future clinical validation and multidisciplinary implementation.

Keywords : Endometriosis; Infertility; Artificial Intelligence.



Count: ۴۳

Abstract ID: ۴۱

subject: Endometriosis Challenges

Presentation Type: Poster

Targeting Endometrial Stem Cells in Endometriosis Therapy: A Review of Molecular Pathways and Therapeutic Agents

Submission Author: Saeedeh Askari

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Background and Aim : Endometriosis is a chronic estrogen-dependent inflammatory disease affecting approximately ۱۰-۱۱% of reproductive-aged women. Current treatments rely on hormonal therapy and surgery but are associated with high recurrence rates and significant adverse effects. Increasing evidence suggests that endometrial stem cells (EnSCs), including mesenchymal stem cells, epithelial progenitor cells, side population cells, and very small embryonic-like stem cells, play central roles in disease initiation, persistence, and progression. This review summarizes the molecular pathways regulating EnSCs and emerging therapeutic strategies targeting these cells.

Methods : A scoping review was conducted according to PRISMA-ScR guidelines using PubMed, EMBASE, and Web of Science for studies published between ۲۰۰۰ and ۲۰۲۶. Original in vitro and in vivo studies investigating EnSCs in endometriosis pathogenesis or therapeutic targeting were included. Study quality was assessed using STROBE and ARRIVE guidelines. Overall, ۱۲۴ studies fulfilled the eligibility criteria.

Results : Four major signaling pathways were consistently implicated in EnSC regulation: Notch^۱, PI3K/Akt, Wnt/ β -catenin, and JAK/STAT. Aberrant activation promoted proliferation, migration, angiogenesis, survival, and resistance to apoptosis. Pharmacological agents, including metformin, lovastatin, γ -secretase inhibitors, sorafenib, and quinagolide, suppressed these pathways and reduced lesion growth and inflammation in experimental models. Exosome-based therapies derived from menstrual blood stem cells or ginger nanoparticles modulated Wnt/ β -catenin signaling, reduced inflammatory mediators, and inhibited cellular proliferation. Overall, ۷۸% of reported outcomes demonstrated beneficial effects. However, ۶۰% of studies were performed in vitro, ۴۰% in animal models, and no human clinical trials were identified.

Conclusion : Targeting EnSCs represents a promising disease-modifying strategy for endometriosis. Pharmacological, gene-silencing, anti-angiogenic, and exosome-based approaches demonstrated encouraging preclinical efficacy. Nevertheless, clinical translation remains limited by heterogeneous methodologies, lack of standardized EnSC markers, and absence of human trials. Future research should prioritize biomarker discovery, standardized protocols, and rigorous clinical validation to enable personalized stem cell-targeted therapies for endometriosis.

Keywords : Endometrial Stem Cells, Endometriosis, Signaling Pathways, Therapeutic Targeting, Mesenchymal Stem Cells, Exosomes



Count: ۴۴

Abstract ID: ۶۰

subject: Endometriosis Challenges

Presentation Type: Oral

Endometriosis and Pregnancy Outcomes: A Review of Evidence, Challenges, and the Need for Individualized Care

Submission Author: Haale Bakrani

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۱. Nursing student, School of Nursing and Midwifery, Shahid Sadoughi University of Medical Sciences, Yazd, Iran.

Background and Aim : Background: Endometriosis is a chronic estrogen-dependent disorder affecting approximately ۱۰٪ of women of reproductive age. Beyond chronic pelvic pain and infertility, this condition is associated with increased risks of adverse pregnancy outcomes, yet awareness among healthcare providers remains limited. Given the growing number of women with endometriosis achieving pregnancy through assisted reproductive technologies, understanding its impact on pregnancy outcomes and the role of preconception interventions is essential. This review aimed to systematically examine evidence on the association between endometriosis and pregnancy complications, identify research gaps, and provide practical clinical recommendations.

Methods : Methods: A systematic search was conducted in PubMed, Web of Science, Scopus, and Cochrane Library using keywords related to endometriosis, pregnancy complications, preterm delivery, placenta previa, preeclampsia, and miscarriage. Articles published between ۲۰۱۴ and ۲۰۲۵ were assessed for quality using standardized checklists. Findings were categorized based on complication type and disease phenotype.

Results : Results: Evidence indicates endometriosis, particularly severe phenotypes, is significantly associated with multiple pregnancy complications. Meta-analyses show placenta previa risk increases more than two-fold overall and over six-fold in severe cases. Preterm delivery risk increases approximately ۱.۵-fold. In assisted reproductive technology pregnancies, risks of cesarean section, postpartum hemorrhage, low birth weight, and stillbirth are elevated. Evidence regarding preconception surgery remains conflicting, with some studies showing no significant difference between surgical and conservative management. Adenomyosis independently increases miscarriage and preeclampsia risk. Diagnosis is often delayed by ۷ to ۱۰ years, complicating optimal management.

Conclusion : Conclusion: Endometriosis is an independent and significant risk factor for adverse pregnancy outcomes. Disease severity, phenotype, conception mode, and adenomyosis all contribute to overall risk. Given inconclusive evidence for surgery, individualized care emphasizing multidisciplinary management, thorough prenatal screening, and timely referral to specialized centers appears more appropriate. Future research should focus on multicenter studies, non-invasive biomarkers, and evidence-based protocols.

Keywords : Endometriosis, Pregnancy Outcomes, Placenta Previa, Preterm Delivery, Individualized Care



Count: ۴۵

Abstract ID: ۱۰

subject: Endometriosis Challenges

Presentation Type: Poster

Identifying Gaps in non-invasive superficial endometriosis diagnosis: A Scoping Review

Submission Author: Maryam Dehghan

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Background and Aim : Introduction: Endometriosis is a chronic, estrogen-dependent inflammatory disease affecting about ۱۰٪ of reproductive-age women worldwide. It causes symptoms such as chronic pelvic pain, dysmenorrhea, dyspareunia and infertility. The condition can reduce pregnancy likelihood, with ۳۰-۵۰٪ of affected women experiencing infertility. Clinical management includes medical treatments and surgical interventions for patients unresponsive to medical therapy. Endometriosis is classified into three types: superficial peritoneal (SE), ovarian endometriosis (OE), and deep endometriosis (DE). SE can be present in up to ۴۰٪ of asymptomatic women but is significantly associated with primary infertility and moderate to severe pain symptoms. Diagnosis is challenging due to the lack of noninvasive tests and typically requires direct visualization via diagnostic laparoscopy. While imaging methods like transvaginal ultrasound (TVS) and Magnetic resonance imaging (MRI) effectively detect OE and DE, they are limited in identifying SE. Non-invasive biomarkers and molecular techniques have emerged as promising tools for earlier diagnosis. Given the symptomatic burden of SE and the lack of consensus on optimal diagnostic approaches, this scoping review was conducted to systematically map current literature on noninvasive diagnostic methods for SE.

Methods : The literature search for this scoping review was conducted across PubMed, Scopus, Web of Science, and Embase from ۲۰۰۰ to ۲۰۲۵, focusing on studies diagnosing superficial endometriosis.

Results : The database search initially identified ۵,۴۶۹ records, of which eight articles met the inclusion criteria for the scoping review. Among these, three studies examined the role of biomarkers and microRNAs in diagnosing SE, while four studies evaluated transvaginal sonography as an effective diagnostic tool for the condition. One article highlighted the potential of artificial intelligence (AI) to improve the diagnosis of endometriosis based on patients' symptoms.

Conclusion : Superficial endometriosis remains difficult to diagnose, as current imaging and emerging biomarkers have limited accuracy. Further research and AI-assisted diagnostic approaches are needed to reduce diagnostic delays and improve patient outcomes.

Keywords : Superficial Endometriosis, Transvaginal Ultrasound, Endometriosis Diagnosis



Count: ۴۶

Abstract ID: ۴

subject: Endometriosis Challenges

Presentation Type: Oral

Personalized Nutrition in Endometriosis: Bridging Molecular Evidence and Clinical Implementation

Submission Author: Ghazaleh Eslamian

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Background and Aim : Background: Endometriosis is a chronic, estrogen-dependent inflammatory condition affecting ۱۰-۱۵% of women of reproductive age, with significant heterogeneity in symptomatology and treatment response. While conventional therapies provide symptomatic relief, they are often associated with adverse effects and limited long-term efficacy, driving interest in personalized nutritional strategies. Objective: This review synthesizes current evidence on the molecular mechanisms underlying personalized nutrition in endometriosis—including nutrigenomics, nutrigenetics, and microbiome interactions—and critically evaluates the challenges impeding its translation into clinical practice.

Methods : Methods: A comprehensive narrative synthesis of peer-reviewed literature was conducted, examining observational studies, preclinical investigations, and emerging clinical trials evaluating dietary interventions, genetic influences, and microbiota profiles in endometriosis.

Results : Results: Plant-based dietary patterns rich in antioxidants, phytochemicals, and fiber demonstrate potential to reduce systemic inflammation and modulate estrogen activity. Nutrigenomic evidence indicates that nutrients influence gene expression through epigenetic modifications, affecting inflammatory and estrogen-related pathways. Microbiome profiling reveals altered gut microbial composition in endometriosis patients, suggesting dietary modulation may restore microbial equilibrium. However, significant implementation barriers persist: the predominance of observational over interventional studies limits causal inference; lack of specialized training among healthcare professionals impedes referral pathways; economic and geographic disparities restrict access; and patient dropout rates in dietary intervention studies are substantial (up to ۲۸%). Furthermore, integration of multi-omics and artificial intelligence tools raises concerns regarding data privacy, validation, and clinical workflow integration.

Conclusion : Conclusion: Personalized nutrition holds promise as an adjunctive strategy in endometriosis care, supported by a growing molecular evidence base. However, successful translation requires high-quality randomized controlled trials, investment in multidisciplinary training, accessible digital health tools, and equitable healthcare delivery models.

Keywords : Keywords: Endometriosis, Precision Nutrition, Nutrigenomics, Dietary Interventions, Inflammation



Count: ۴۷

Abstract ID: ۸۶

subject: Endometriosis Challenges

Presentation Type: Oral

Epidemiological study and clinical consequences of endometriosis and PCOS co-occurrence in a clinical population of women: a cross-sectional study

Submission Author: Mania Kaveh

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Background and Aim : This study aimed to determine the prevalence of polycystic ovary syndrome (PCOS) co-occurrence in a clinical population of women with endometriosis and to quantitatively assess its impact on infertility, symptom severity, and quality of life.

Methods : In this cross-sectional study, data from ۳۸۰ patients diagnosed with endometriosis at Amir al-Momenin Hospital in Zabol (۲۰۱۸-۲۰۲۳) were analyzed. Endometriosis was diagnosed clinically and via imaging (transvaginal ultrasound/MRI), and PCOS was identified using the Rotterdam criteria. Data on infertility, symptom severity (Visual Analog Scale), dyspareunia, and quality of life (EHP-۳۰ questionnaire) were collected. Statistical analyses included descriptive statistics, Chi- Stata square tests, ttests, and age-adjusted logistic regression. The analysis was conducted using Stata version ۱۷ software.

Results : The co-occurrence rate of PCOS among women with endometriosis was ۲۴,۵%. Women with both conditions had a significantly higher prevalence of infertility (۲۵,۶% vs. ۱۵,۴%, $p=۰,۰۴۳$) and severe symptoms (۸۴,۹% vs. ۱۲,۲%, $p<۰,۰۰۱$). After adjusting for age, the comorbidity was associated with significantly increased odds of infertility (adjusted OR=۱,۸۸, ۹۵% CI: [۱,۰۱-۳,۵۰], $p=۰,۰۴۸$) and profoundly poorer quality of life (adjusted OR=۹۱,۰, ۹۵% CI: [۴۰,۰-۲۰۶,۰], $p<۰,۰۰۱$).

Conclusion : The co-occurrence of endometriosis and PCOS is prevalent and is linked to significantly worse clinical outcomes, including nearly double the odds of infertility and a dramatic reduction in quality of life. These findings highlight the necessity for systematic screening for PCOS in women with endometriosis and underscore the need for integrated management strategies for this high-risk population.

Keywords : Endometriosis, Polycystic Ovary Syndrome, Quality of Life, Infertility, Comorbidity.



Count: ۴۸

Abstract ID: ۲۹

subject: Endometriosis Challenges

Presentation Type: Oral

Immunotherapy: A promising novel endometriosis therapy

Submission Author: Somayeh Nikkhah

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Background and Aim : Endometriosis is a chronic gynecological disease and a major global concern for women's health. Due to the distinct immune component in this disease, an immunotherapeutic approach could be important. Immunotherapy is probably a novel therapeutic strategy for endometriosis besides surgery and hormone therapy. This article aimed to review the effects of existing immunotherapy on the treatment of endometriosis.

Methods : At ISI -Scopus-Pub med-Medline- Google Scholar databases, examined ۳۱ studies with keywords Endometriosis AND immunotherapy

Results : Endometriosis has malignant features, Although by itself is a benign disease, its erosive growth characteristics lead to severe pelvic pain and female infertility. Unfortunately, several aspects of the pathogenesis of endometriosis are still unclear. Furthermore, the clinical therapeutic methods are unsatisfactory. . The onset and development of endometriosis are closely related to imbalanced immune cell populations and cellular dysfunctions within both the innate and adaptive immune systems, especially the function of some immune cells such as the aggregation of neutrophils, abnormal differentiation of macrophages, decreased cytotoxicity of NK cells, impaired dendritic cell (DC) maturation and inhibited T cell function via immune checkpoints (ICPs). Thus, immunotherapy is probably a novel and effective clinical treatment choice for endometriosis inhibit the pathogenesis and development of endometriosis lesions by acting on the immune cells, immune factors, or immune-related signaling pathways. Among the promising methods of non-specific immunotherapy is the administration of an ethiodized oil contrast. Moreover, due to the significant successes of immunotherapy in oncology, the possibility of immunotherapy affecting NK cells has been postulated. NK cells are responsible for the surveillance and apoptosis of ectopic cells. However, information regarding the clinical application of immunotherapy in the treatment of endometriosis is very limited.

Conclusion : Expanding the arsenal of endometriosis treatment by immunotherapy is promising due to the significant contribution of immunological factors and the limitations of current treatment methods.

Keywords : Endometriosis-Immunotherapy-Treatment.



Count: ۴۹

Abstract ID: ۳۴

subject: Endometriosis Challenges

Presentation Type: Oral

Endometriosis and Menopause

Submission Author: NAHID SOHRABI

NAHID SOHRABI^۱, Dr. NAHID SOHRABI^۲

۱. -

۲. Assistant Professor, Iran University of Medical Sciences

Background and Aim : Endometriosis is a chronic estrogen-dependent inflammatory disease characterized by the presence of endometrial-like tissue outside the uterine cavity. Although it is mainly diagnosed in women of reproductive age, it can also occur after menopause. Because postmenopausal endometriosis is relatively uncommon and often presents with nonspecific symptoms, it remains a diagnostic challenge. In addition, the possibility of recurrence and malignant transformation makes appropriate recognition and management essential. This review summarizes the current evidence on the epidemiology, pathophysiology, clinical features, and management of postmenopausal endometriosis.

Methods : A narrative review was performed using published literature and current international recommendations, including the European Society of Human Reproduction and Embryology (ESHRE) guideline. Relevant studies addressing disease prevalence, underlying mechanisms, clinical presentation, diagnosis, and available treatment options were reviewed.

Results : Postmenopausal endometriosis represents approximately ۲-۵% of all reported endometriosis cases. Most cases are associated with menopausal hormone therapy or tamoxifen use, although the disease may also develop in women without a previous history of endometriosis. Persistent estrogen exposure resulting from peripheral aromatization, local estrogen production within endometriotic lesions, exogenous hormone use, and genetic or epigenetic factors appears to play a central role in disease development. Patients commonly present with chronic pelvic pain, ovarian cysts, or symptoms related to deep infiltrating endometriosis affecting the bowel or urinary tract. The ovaries are the most frequently involved organs. Although uncommon, malignant transformation of endometriomas into ovarian cancer has been reported, particularly in women receiving estrogen therapy. Surgical excision of all visible endometriotic lesions remains the preferred treatment for symptomatic patients, while medical therapy, including aromatase inhibitors or conjugated estrogen combined with Bazedoxifene, may be considered in selected cases when surgery is not feasible or symptoms recur.

Conclusion : Although rare, postmenopausal endometriosis should be considered in women presenting with unexplained pelvic pain or adnexal masses, even in the absence of a previous diagnosis of endometriosis. Early diagnosis and individualized treatment are important to relieve symptoms, reduce recurrence, and minimize the risk of malignant transformation.

Keywords : Endometriosis; Menopause; Postmenopause; Menopausal Hormone Therapy; Aromatase Inhibitors



Count: ۵۰

Abstract ID: ۸۳

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Poster

Comparison of Primary Cytoreductive Surgery with Neoadjuvant Chemotherapy and Interval Surgery in Advanced Epithelial Ovarian Cancer: Results of the Randomized Phase III TRUST Trial

Submission Author: Soheila Aminimoghaddam

Soheila Aminimoghaddam^۱

^۱. Gynecologic Oncologist, Professor at Iran University of Medical Sciences

Background and Aim : The choice between primary cytoreductive surgery (PCS) and neoadjuvant chemotherapy followed by interval cytoreductive surgery (NACT–ICS) remains controversial in advanced epithelial ovarian cancer. The phase III TRUST trial compared the efficacy, safety, and quality of life of these strategies in FIGO stage III disease

Methods : In this randomized trial, patients with epithelial ovarian cancer (FIGO IIIB–IVB) were assigned to PCS or NACT–ICS. Eligibility criteria included age ≥ 18 years, ECOG ۰–۱, ASA ۱–۲, CA-۱۲۵/CEA ratio ≥ 20 , and fitness for surgery aiming at R۰. Patients with non-epithelial or borderline tumors, prior ovarian cancer or recent malignancy, abdominal/pelvic radiotherapy, severe comorbidities, or pregnancy were excluded. Endpoints were PFS, OS, R۰ resection, surgical morbidity and mortality, and quality of life. Analyses were done in the ITT population.

Results : In the ITT population, ۳۴۵ patients were in the PCS group and ۳۴۳ in the NACT–ICS group. PCS significantly improved PFS compared with NACT–ICS (HR=۰.۸۰; ۹۵% CI: ۰.۶۶–۰.۹۶), but OS was not significantly different (HR=۰.۸۹; ۹۵% CI: ۰.۷۴–۱.۰۸). In FIGO stage III disease, PCS reduced the risk of progression or death by ۲۷% (HR=۰.۷۳; ۹۵% CI: ۰.۵۸–۰.۹۱), while the OS difference remained non-significant. Among patients with R۰ resection, PFS favored PCS (HR=۰.۶۹; ۹۵% CI: ۰.۵۶–۰.۸۶). Quality of life was maintained, with acceptable morbidity and mortality in specialized centers.

Conclusion : In the TRUST trial, primary cytoreductive surgery improved PFS compared with neoadjuvant chemotherapy followed by interval surgery in the ITT population, but no significant OS benefit was observed. A similar PFS advantage was seen in patients with FIGO Stage III disease, while the OS difference remained non-significant. Findings suggest that when complete macroscopic resection (R۰) is feasible in specialized centers, PCS may be the preferred approach in patients with FIGO Stage III disease and those likely to achieve R۰.

Keywords : Advanced epithelial ovarian cancer; TRUST trial; Primary cytoreductive surgery; Neoadjuvant chemotherapy.



Count: ۵۱

Abstract ID: ۹۳

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Poster

The Impact of Fertility-Sparing Treatment on Oncologic and Reproductive Outcomes in Women with Early-Stage Endometrial Cancer: A Systematic Review

Submission Author: Atefeh Echresh Zadeh

Atefeh Echresh Zadeh^۱, Shaghayegh Sayahi^۲

۱. Surgical Technology Student, Member of Student Research Committee, Faculty of Nursing and Midwifery, Ahvaz Jundishapur
 ۲. Surgical Technology Student, Member of Student Research Committee, Faculty of Nursing and Midwifery, Ahvaz Jundishapur
- Endometrial cancer is the most common gynecologic malignancy in developed countries, with an increasing incidence among women of reproductive age. In selected patients with early-stage disease, fertility-sparing treatment has emerged as an alternative to standard surgical management to preserve reproductive potential. However, concerns remain regarding its oncologic safety, recurrence risk, and reproductive outcomes, highlighting the need for a comprehensive evaluation of the available evidence.¹

Background and Aim : Endometrial cancer is the most common gynecologic malignancy in developed countries, with an increasing incidence among women of reproductive age. In selected patients with early-stage disease, fertility-sparing treatment has emerged as an alternative to standard surgical management to preserve reproductive potential. However, concerns remain regarding its oncologic safety, recurrence risk, and reproductive outcomes, highlighting the need for a comprehensive evaluation of the available evidence.

Methods : This review was conducted using advanced searches in the scientific databases PubMed, Scopus, and Google Scholar. A total of ۲۰ articles were identified, and after screening, ۱۱ studies from ۲۰۲۰ to ۲۰۲۵ were selected and analyzed based on inclusion criteria including alignment with research objectives, up-to-date information, and access to full text.

Results : Fertility-sparing treatment demonstrated favorable oncologic and reproductive outcomes in carefully selected women with early-stage endometrial cancer. Most studies reported high complete response rates, acceptable recurrence rates with close follow-up, and encouraging pregnancy and live birth outcomes. Hysteroscopic resection combined with progestin therapy was associated with particularly promising results. However, the available evidence is mainly based on observational studies, highlighting the need for high-quality prospective research.

Conclusion : Fertility-sparing treatment appears to be a safe and effective option for carefully selected women with early-stage endometrial cancer, offering favorable oncologic and reproductive outcomes. Careful patient selection, close surveillance, and further high-quality prospective studies are essential to optimize clinical decision-making.

Keywords : Endometrial Neoplasms, Fertility Preservation, Reproductive Techniques, Treatment Outcome, Systematic Review



Count: ۵۲

Abstract ID: ۹۵

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Poster

The Role of Sentinel Lymph Node Mapping in Surgical Management of Endometrial Cancer: A Systematic Review

Submission Author: Atefeh Echresh Zadeh

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Endometrial cancer is the most common gynecologic malignancy in developed countries, with an increasing incidence among women of reproductive age. In selected patients with early-stage disease, fertility-sparing treatment has emerged as an alternative to standard surgical management to preserve reproductive potential. However, concerns remain regarding its oncologic safety, recurrence risk, and reproductive outcomes, highlighting the need for a comprehensive evaluation of the available evidence.¹

Background and Aim : Endometrial cancer is the most common gynecologic malignancy in developed countries, and accurate lymph node assessment is essential for surgical staging and treatment planning. Sentinel lymph node (SLN) mapping has emerged as a less invasive alternative to systematic lymphadenectomy, aiming to reduce surgical morbidity while maintaining diagnostic accuracy. Recent evidence supports SLN mapping as an effective approach for nodal evaluation in selected patients with early-stage endometrial cancer.

Methods : This review was conducted using advanced searches in the scientific databases PubMed, Scopus, and Google Scholar. A total of ۲۱ articles were identified, and after screening, ۱۲ studies from ۲۰۲۰ to ۲۰۲۵ were selected and analyzed based on inclusion criteria including alignment with research objectives, up-to-date information, and access to full text.

Results : Sentinel lymph node mapping demonstrated high diagnostic accuracy for detecting lymph node metastasis in patients with endometrial cancer. The included studies showed that SLN mapping reduced the need for complete lymphadenectomy while maintaining reliable staging outcomes. Compared with conventional lymphadenectomy, this approach was associated with lower surgical morbidity, including reduced risk of lymphedema and postoperative complications. However, variations in mapping techniques and patient selection criteria highlight the need for standardized protocols and further prospective studies.

Conclusion : Sentinel lymph node mapping is a valuable surgical staging approach in endometrial cancer, providing accurate nodal assessment while reducing the morbidity associated with systematic lymphadenectomy. Its integration into clinical practice may improve surgical outcomes, although further studies are needed to establish standardized strategies

Keywords : Endometrial Neoplasms, Sentinel Lymph Node Biopsy, Lymphatic Mapping Surgical Procedures, Operative



Count: ۵۳

Abstract ID: ۲۶

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Poster

Application of Artificial Intelligence in Predicting the Risk of Persistent High-Risk HPV Infection and Cervical Precancerous Lesions

Submission Author: Mina Galeshi

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۲. Social Determinants of Health (SDH) Research Center, Babol University of Medical Sciences, Babol, Iran

Background and Aim : Cervical cancer remains one of the leading causes of cancer-related mortality among women worldwide, with persistent infection by high-risk human papillomavirus (HPV) being its primary etiological factor. Although HPV testing and cytology-based screening have significantly reduced disease incidence, accurately identifying women at risk of lesion progression remains a clinical challenge. Recent advances in artificial intelligence (AI) and machine learning have enabled the integration of clinical, laboratory, and imaging data, offering innovative approaches for risk prediction and personalized clinical decision-making. This study aimed to review the latest evidence regarding the role of AI in the management of HPV infection and the prevention of cervical cancer.

Methods : This systematic review was conducted according to the PRISMA guidelines. English-language studies published between ۲۰۲۰ and ۲۰۲۵ were retrieved from PubMed, Scopus, and Web of Science using the keywords Artificial Intelligence, Machine Learning, HPV, Cervical Cancer, and Screening. After removing duplicate records and assessing study quality, eligible studies were included. Data regarding AI algorithms, diagnostic performance, sensitivity, specificity, and clinical applications were extracted and analyzed.

Results : The reviewed studies demonstrated that machine learning and deep learning algorithms showed promising performance in predicting persistent HPV infection, detecting high-grade cervical intraepithelial lesions (HSIL/CIN^۲+), and interpreting colposcopic images. In most studies, AI-based models improved diagnostic accuracy, enhanced screening sensitivity, reduced unnecessary referrals for colposcopy, and supported clinical decision-making. Furthermore, integrating molecular biomarkers, HPV test results, and clinical characteristics yielded better predictive performance than using individual data sources alone.

Conclusion : Current evidence suggests that artificial intelligence can serve as a valuable complementary tool in cervical cancer screening programs by improving the identification of high-risk women, reducing healthcare costs, and promoting personalized medicine. However, further prospective, multicenter, and population-based studies, particularly in the Iranian population, are needed to validate these technologies and develop locally applicable predictive models.

Keywords : HPV; Cervical cancer; Artificial intelligence; Machine learning; Screening; Colposcopy; Personalized medicine



Count: ۵۴

Abstract ID: ۲۷

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Poster

HPV Self-Sampling: A Novel Strategy to Increase Women's Participation in Cervical Cancer Screening

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Background and Aim : Cervical cancer is one of the most preventable cancers among women, with persistent infection by high-risk human papillomavirus (HPV) representing its principal cause. Despite the effectiveness of screening programs, barriers such as limited access to healthcare services, concerns about pelvic examinations, and cultural factors continue to reduce women's participation in screening. HPV self-sampling has emerged as an innovative strategy to improve screening coverage and facilitate early detection. This study aimed to review the available evidence on the effectiveness and feasibility of HPV self-sampling in cervical cancer screening programs.

Methods : This narrative review included English-language studies published between ۲۰۲۰ and ۲۰۲۵ and indexed in PubMed, Scopus, and Web of Science. The literature search used the keywords HPV Self-Sampling, Cervical Cancer Screening, and Women's Participation. Studies evaluating diagnostic accuracy, acceptability, and implementation outcomes of HPV self-sampling were reviewed.

Results : The reviewed evidence indicated that HPV self-sampling provides satisfactory diagnostic performance for detecting high-risk HPV types, with sensitivity comparable to clinician-collected samples in many studies. Additionally, this approach significantly increased women's participation in screening, particularly among underserved populations and those with limited access to healthcare services. Reduced embarrassment, ease of sample collection, and high user satisfaction were consistently reported as major advantages.

Conclusion : HPV self-sampling represents an effective strategy for increasing cervical cancer screening coverage. Integrating this approach into national screening programs, alongside appropriate public education and access to standardized HPV testing, may contribute substantially to reducing the incidence and mortality of cervical cancer.

Keywords : HPV, self-sampling, cervical cancer, screening, prevention, women's health



Count: ۵۵

Abstract ID: ۶۴

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Oral

The Role of Preoperative Leukocytosis, Anemia, and Thrombocytosis on Stages and Grades of Endometrial Cancers Prognosis

Submission Author: Arghavan Ghafari

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Background and Aim : Anemia, thrombocytosis, and leukocytosis, are commonly found in a variety of malignancies. The prognostic role of preoperative leukocytosis, anemia, and thrombocytosis on stages and grades of endometrial cancer (EC) in women undergoing surgery was the subject of this study.

Methods : In this cross-sectional study, ۱۰۵ women suffering from EC at Babol Ayatollah Rouhani Hospital from ۲۰۱۱ to ۲۰۱۸ were considered. Anemia, thrombocytosis, and leukocytosis were defined as prognostic factors. Then, the patients were placed at stages I, II, III, and IV, and ECs were graded as well, moderately and poorly differentiated or undifferentiated. SPSS ۲۲ software, Chi-square, analysis of variance (ANOVA), and receiver operating characteristic (ROC) were used for statistical analysis ($p < ۰,۰۵$).

Results : Higher rates of leukocytosis (۵۴,۳%), anemia (۴۷,۴%), and thrombocytosis (۶۶,۷%) were detected in tumor grades III, II, and III, respectively. A higher rate of leucocytosis (۵۱,۴%), anemia (۶۰,۵%), and thrombocytosis (۵۱,۹%) were reported in tumor stages III, I, and III, respectively. The relationship between tumor grade and tumor stage with leucocytosis and thrombocytosis was statistically significant ($p < ۰,۰۰۱$). The white blood cell (WBC) sensitivity (۷۰%) and specificity (۷۰%), Hb sensitivity (۳۷%) and specificity (۳۹%), and platelets sensitivity (۷۳%) and specificity (۷۴%) were determined. There was a significant relationship between levels below the ۳-variable curve and tumor stage with WBC ($p < ۰,۰۰۱$) and platelet ($p < ۰,۰۰۱$).

Conclusion : Preoperative leukocytosis and thrombocytosis are related to the severity, stages, and grades of EC. Both of them have a prognostic role in women suffering from EC.

Keywords : Endometrial Cancer, Leukocytosis, Thrombocytosis, Anemia



Count: ۵۶

Abstract ID: ۵۵

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Oral

Conflict-Related Sexual Violence and the Risk of Gynecologic Malignancies: A Systematic Review

Submission Author: Mahdieh Joukar

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Background and Aim : Armed conflict-related sexual violence, a devastating tool of war, has widespread physical, psychological, and reproductive consequences for women. Survivors often face increased risks of STIs, persistent HPV, chronic inflammation, psychological disorders, reduced reproductive health access, and delayed cancer screenings, all of which may contribute to a higher risk of female malignancies. This study systematically reviewed the evidence linking armed conflict-related sexual violence to female malignancies.

Methods : Following PRISMA ۲۰۲۰ guidelines, a systematic review was conducted by searching PubMed, Scopus, and Google Scholar for articles published between January ۲۰۱۶ and June ۲۰۲۶. The search utilized keywords and MeSH terms such as "war-related sexual violence," "armed conflict," "rape," "refugees," "women's cancers" (cervical, ovarian, endometrial), "HPV," and "screening." After de-duplication, title/abstract screening, and full-text review, eligible studies were assessed for quality using the MMAT ۲۰۱۸ tool. Due to methodological heterogeneity, data were analyzed using experimental synthesis.

Results : Of the ۱۰۹ records identified, ۹ studies were included in the final synthesis after duplicate removal, screening, and quality assessment. None of the included studies directly investigated a causal relationship between conflict-related sexual violence and the development of gynecologic malignancies; however, the available evidence identified multiple biological and structural pathways that may contribute to an increased risk of these cancers. The findings were categorized into four main themes: "increased exposure to oncogenic infections," "disruption of preventive health services," "psychological and biological consequences," and "health system collapse."

Conclusion : Sexual violence during armed conflict may indirectly raise women's cancer risk, but direct epidemiological evidence is lacking. Addressing this, humanitarian programs in conflict zones should integrate reproductive health services, HPV prevention, cancer screening, trauma care, and long-term cancer surveillance to lessen the future cancer burden on survivors.

Keywords : Violence related to armed conflict, war, women's malignancies



Count: ۵۷

Abstract ID: ۵۱

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Oral

The Impact of Armed Conflict on the Timely Diagnosis of Gynecologic Malignancies: A Systematic Review

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Background and Aim : Gynecologic malignancies, including cervical, ovarian, and endometrial cancers, are associated with substantial global morbidity and mortality, a burden that is further exacerbated by the collapse of healthcare systems during armed conflicts. War creates profound structural, logistical, and economic barriers that disrupt access to essential healthcare services, resulting in delays in cancer detection and treatment. This systematic review aimed to examine the impact of armed conflict on the timely diagnosis of gynecologic malignancies and the stage of disease at diagnosis.

Methods : This systematic review was conducted in accordance with the PRISMA ۲۰۲۰ guidelines. A comprehensive literature search was performed in PubMed, Scopus, and ScienceDirect to identify studies published between January ۲۰۱۶ and July ۲۰۲۶. Eligible studies evaluated diagnostic delays, stage migration at diagnosis, or disruptions in cancer screening services for gynecologic malignancies among conflict-affected populations or in humanitarian crisis settings. Methodological quality was assessed using the Mixed Methods Appraisal Tool (MMAT). Owing to substantial clinical and methodological heterogeneity, a thematic narrative synthesis was undertaken rather than a meta-analysis.

Results : The initial search identified ۱,۴۱۲ records. Following the removal of duplicates, title and abstract screening, full-text assessment, and methodological quality appraisal, ۱۲ studies met the eligibility criteria and were included in the final synthesis. Five overarching themes emerged: “disruption of routine preventive services”, “ structural delays in cancer diagnosis”, “stage migration toward more advanced disease at diagnosis”, “ severe resource constraints”, and interruption of cancer screening pathways.

Conclusion : Armed conflict fundamentally disrupts the clinical timeline required for the early detection of gynecologic malignancies at treatable or potentially curable stages. The findings highlight the need for humanitarian health responses to extend beyond acute trauma and emergency care by ensuring the continuity of gynecologic cancer screening, diagnostic pathology services, and reproductive healthcare follow-up in conflict-affected settings.

Keywords : Armed conflict; Gynecologic malignancies; Delayed diagnosis; Cancer staging; Humanitarian crisis



Count: ۵۸

Abstract ID: ۹۲

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Oral

Three-Dimensional Bioprinted Ovarian Scaffolds: A Novel Frontier in Female Reproductive Regenerative Medicine

Submission Author: Hanieh Mahmoudi hashemi

Hanieh Mahmoudi hashemi^۱, Mohadese valizade^۲

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Background and Aim : Female infertility resulting from premature ovarian insufficiency (POI), chemotherapy, radiation therapy, or surgical removal of ovarian tissue remains a significant challenge in reproductive medicine. Current therapeutic options, including hormone replacement therapy and ovarian tissue transplantation, are limited by inadequate restoration of fertility and concerns regarding long-term safety. Advances in tissue engineering and regenerative medicine have introduced three-dimensional (3D) bioprinting as an innovative strategy for developing biomimetic ovarian constructs capable of restoring both endocrine and reproductive functions.

Methods : Recent studies have demonstrated that biodegradable microporous scaffolds fabricated through 3D bioprinting can effectively mimic the native ovarian extracellular matrix and provide a favorable microenvironment for follicle survival, growth, and maturation. The highly interconnected pore architecture facilitates oxygen diffusion, nutrient transport, and rapid neovascularization, all of which are essential for maintaining follicular viability after transplantation.

Results : The success of bioprosthetic ovaries largely depends on scaffold composition, mechanical properties, pore geometry, degradation rate, and biological compatibility. Three-dimensional printing offers precise control over these parameters, enabling the fabrication of patient-specific constructs with optimized structural and biological characteristics. Although current evidence is primarily derived from animal studies, these promising outcomes provide a strong foundation for future translational and clinical applications in women with ovarian insufficiency or fertility loss following cancer treatment.

Conclusion : Three-dimensional bioprinted ovarian scaffolds represent one of the most promising advances in reproductive regenerative medicine. By combining biomaterials, tissue engineering, and advanced manufacturing technologies, these constructs have demonstrated the ability to restore ovarian endocrine function and fertility in preclinical models.

Keywords : Three-dimensional bioprinting; Ovarian tissue engineering; Regenerative medicine; Biomaterials; Hydrogel; Ovarian insufficiency; Fertility preservation; Female reproductive health.



Count: ۵۹

Abstract ID: ۹۸

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Poster

Applications of Artificial Intelligence in Predicting and Managing Pregnancy Complications: A Scoping Review

Submission Author: Ehsan Moradi-Joo

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Background and Aim : Pregnancy complications remain a major challenge to maternal and fetal health worldwide. This study aimed to map and categorize existing evidence on the applications of artificial intelligence (AI) in predicting and managing pregnancy complications and to identify research gaps.

Methods : This scoping review was conducted based on the Arksey and O'Malley framework. A systematic search was performed in PubMed, Scopus, Web of Science, and Cochrane Library for studies published from January ۲۰۰۰ to March ۲۰۲۶. Keywords included combinations of "Artificial Intelligence," "Machine Learning," "Pregnancy Complications," "Prediction," and "Management." Inclusion criteria were original research articles in English focusing on AI applications in prediction or management of pregnancy complications. Exclusion criteria included review articles, letters, animal studies, irrelevant studies, or those without full text. A total of ۱۲۱۰ records were identified; after removing duplicates and screening, ۳۵ studies were included in the final analysis.

Results : Findings were categorized into four main domains: (۱) prediction of preeclampsia using machine learning models and clinical/biomarker data; (۲) prediction of preterm birth using deep learning algorithms and imaging data; (۳) management of gestational diabetes using intelligent systems and predictive models; and (۴) prediction of adverse pregnancy outcomes such as intrauterine growth restriction (IUGR) and perinatal mortality using multimodal data. Most studies demonstrated improved predictive accuracy compared to traditional methods, although heterogeneity in methodologies and lack of external validation were noted.

Conclusion : AI shows strong potential to enhance prediction and management of pregnancy complications through early risk detection and personalized care. Despite improved performance over traditional methods, challenges such as methodological heterogeneity, limited external validation, and lack of standardization remain. Addressing ethical concerns and ensuring model transparency are also essential. Further large-scale and well-validated studies are needed for effective clinical implementation.

Keywords : Artificial Intelligence; Pregnancy; Pregnancy Complications; Machine Learning; Prediction; Scoping Review



Count: ۶۰

Abstract ID: ۱۰۰

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Poster

Anaplastic Myeloma with Extramedullary Involvement Misdiagnosed as Metastatic Granulosa Cell Tumor: A Diagnostic Dilemma in Gynecologic Oncology

Submission Author: SOMAYAH MORADPANAH

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Background and Aim : Objective: To highlight the diagnostic challenges in differentiating anaplastic multiple myeloma (AMM) from metastatic ovarian malignancies, particularly granulosa cell tumors (GCT), and to emphasize the importance of repeated histopathological and immunohistochemical evaluation in cases with atypical presentations and treatment resistance.

Methods : Methods: We present a case report of a ۵۹-year-old woman who initially presented with a femoral neck fracture and was found to have a large pelvic mass with lytic bone lesions. Initial biopsy of the ovarian mass was interpreted as malignant granulosa cell tumor based on SF-۱ positivity. The patient received neoadjuvant chemotherapy with paclitaxel and carboplatin. Due to disease progression on imaging, repeated biopsies and comprehensive immunohistochemical (IHC) staining were performed on surgical specimens following debulking surgery (total hysterectomy, bilateral salpingo-oophorectomy, and omentectomy). A wide panel of IHC markers was used to establish the definitive diagnosis.

Results : Results: Initial IHC showed SF-۱ positivity but was negative for LCA, CK, CD۹۹, SALL۴, and PAX-۸, leading to a GCT diagnosis. However, the patient demonstrated disease progression after one cycle of chemotherapy. Post-surgical pathology revealed diffuse infiltration by atypical plasmacytoid cells. Definitive IHC showed diffuse positivity for MUM-۱ and lambda light chain restriction, focal EMA expression, and a high Ki-۶۷ proliferation index (۶۰٪), while being negative for epithelial (Pan-CK, CK۷, CK۲۰), lymphoid (LCA, CD۲۰, CD۳, PAX۵), sex cord-stromal (inhibin, calretinin, WT-۱), and other markers. This immunophenotypic profile confirmed the diagnosis of anaplastic multiple myeloma (plasmablastic variant) rather than GCT or plasmablastic lymphoma.

Conclusion : Conclusion: This case underscores the diagnostic dilemma in gynecologic oncology when extramedullary plasma cell neoplasms mimic ovarian malignancies. AMM, though rare, should be considered in the differential diagnosis of pelvic masses with lytic bone lesions, especially when there is an unexpected lack of response to standard ovarian cancer chemotherapy. Persistent diagnostic efforts, comprehensive IHC panels, and multidisciplinary collaboration are essential to avoid misdiagnosis and guide appropriate management in such challenging cases.

Keywords : Keywords: ovarian cancers, ovarian mass differential diagnosis, extramedullary plasma cell neoplasm,



Count: ۶۱

Abstract ID: ۷۱

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Poster

Clinical Applications of Indocyanine Green Fluorescence Imaging in Gynecologic Surgery: A Systematic Review

Submission Author: Paniz Nasiri

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Background and Aim : Indocyanine green (ICG) fluorescence-guided surgery has emerged as an advanced imaging technology in gynecologic practice, improving real-time visualization, surgical precision, and intraoperative decision-making. This systematic review evaluated current evidence regarding ICG applications in gynecologic oncology and benign gynecologic surgery.

Methods : A systematic search of PubMed, Scopus, and Web of Science was performed for studies published between January ۲۰۱۳ and December ۲۰۲۶. Studies evaluating ICG fluorescence applications in gynecologic surgery, including systematic reviews, meta-analyses, prospective and retrospective cohort studies, and case series with ≥ 10 patients, were included. Data regarding clinical applications, administration protocols, diagnostic performance, surgical outcomes, and complications were extracted. The review was conducted according to PRISMA guidelines.

Results : ICG demonstrated broad clinical utility across multiple fields of gynecologic surgery. In ovarian cancer, a meta-analysis including ۲۱ studies and ۶۸۱ patients reported sentinel lymph node (SLN) detection rates of ۸۶,۲٪ (۹۵٪ CI: ۶۹,۶–۹۷,۵٪), with sensitivity and specificity of ۹۵,۲٪ and ۱۰۰٪, respectively. In cervical and endometrial cancers, ICG-guided SLN mapping showed high diagnostic accuracy, including a reported negative predictive value of ۱۰۰٪ in selected studies. In benign gynecology, intraureteral ICG enabled real-time ureter visualization in seven studies involving ۲۹۹ patients, without reported ureteral injuries or ICG-related complications. Additional applications included ovarian perfusion assessment in adnexal torsion and improved anatomical identification during complex pelvic surgery. However, current evidence is limited by heterogeneous dosing strategies, administration routes, imaging protocols, and insufficient high-quality prospective studies.

Conclusion : ICG fluorescence imaging represents a promising adjunct in gynecologic surgery, enhancing lymphatic mapping, anatomical visualization, and surgical safety. Future multicenter prospective studies and standardized protocols are required to optimize clinical applications and support wider integration of fluorescence-guided surgery into gynecologic practice.

Keywords : Indocyanine Green; Near-Infrared Fluorescence; Sentinel Lymph Node Mapping; Gynecologic Surgery; Laparoscopy



Count: ۶۲

Abstract ID: ۲۸

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Oral

Targeted therapy the new approach to Endometrial Cancer

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Background and Aim : Endometrial Cancer(EC) is one the most prevalent gynecological cancers that unfortunately, has a poor prognosis due to low response rates to traditional treatments. Besides the therapies known in clinical practice, targeted therapy is described as a new cancer treatment that involves identifying specific molecular targets in tumor cells. This review provides an overview of targeted therapy, a novel approach for EC.

Methods : In order to do this research, keywords including Targeted therapy AND Endometrial cancer was searched in the following databases: ISI, Pub Med, Google Scholar, Scopus and Magiran in which ۳۸ papers were evaluated.

Results : Endometrial cancer is a complex disease with multiple risk factors, distinct histological subtypes, and a variety of available therapeutic options. The disease's pathogenesis involves several molecular mechanisms, such as genetic mutations, defects in the DNA mismatch repair (MMR) pathway, hormonal signaling pathway imbalances, epigenetic changes, and disturbances in angiogenesis. targeted therapy involves identifying specific molecular targets in tumor cells. By selectively inhibiting these targets, key signaling pathways involved in cancer progression can be disrupted while normal cells are protected. The connection between molecular biomarkers and targeted therapy is vital in the fight against cancer. Types of targeted therapy drugs include: Lenvatinib, trastuzumab, Bevacizumab, Everolimus, Temsirolimus. These drugs target changes in the genes or proteins of cancer cells that help them grow, divide, and spread. Ongoing research and clinical trials are exploring the use of standard therapy agents in combination with other treatment strategies like immunotherapy and anti-angiogenesis therapy to improve outcomes and personalize treatment for patients with EC.

Conclusion : Targeted therapy has the potential to transform the management of cancer patients. In conclusion, enhancing molecular tools is essential for stratifying the risk and guiding surgery, adjuvant therapy for women with EC.

Keywords : Targeted therapy- Endometrial Cancer- Treatment.



Count: ۶۳

Abstract ID: ۹۱

subject: Gynecologic cancer (Prevention, fertility preservation and treatment)

Presentation Type: Oral

Beyond Image Classification: Development of a Multimodal AI-Based Clinical Decision Support System for Structured Colposcopy Reporting

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Background and Aim : Colposcopy is a key procedure for evaluating women with abnormal cervical cancer screening results. Although recent artificial intelligence (AI) studies have achieved promising performance in cervical image classification, most systems remain limited to isolated image analysis and do not support the comprehensive clinical workflow required for standardized reporting. This study aimed to develop a multimodal AI-based Clinical Decision Support System (CDSS) that integrates heterogeneous clinical data with AI-assisted reasoning to facilitate structured colposcopy reporting within routine clinical practice

Methods : A modular multimodal CDSS, named Mediland AI Platform, was developed to integrate patient demographics, clinical history, cervical cytology and HPV results, physician-recorded colposcopic findings, and cervical images into a unified reporting workflow. Multimodal patient information was organized using a Clinical Context Object (CCO) and processed by a cloud-based multimodal large language model through an application programming interface. AI-generated clinical knowledge was represented as a Structured Clinical Report Object (SCRO) before being transformed into an editable structured report following IFCPC terminology. Final report review and approval were performed by the physician within a Human-in-the-Loop workflow.

Results : The developed system successfully implemented an end-to-end multimodal reporting workflow that combined multimodal data integration, AI-assisted clinical reasoning, structured knowledge representation, and physician-supervised report generation. The proposed architecture enabled standardized organization of clinical information, generation of structured draft reports, and seamless incorporation of physician review prior to final documentation, demonstrating the feasibility of integrating multimodal AI into routine colposcopy reporting.

Conclusion : The proposed architecture extends the role of AI beyond image classification by supporting the complete clinical reporting workflow through multimodal reasoning, structured knowledge representation, and physician oversight. The CCO–SCRO framework provides a practical foundation for AI-assisted structured clinical reporting and may be adapted to other medical specialties requiring multimodal data interpretation and standardized documentation.

Keywords : Clinical Decision Support System (CDSS); Multimodal Artificial Intelligence; Colposcopy; Structured Clinical Reporting; Human–AI Collaboration; Large Language Model (LLM)



Count: ۶۴

Abstract ID: ۴۰

subject: Genetic & Gynecologic Cancers

Presentation Type: Oral

In Silico Evaluation of Tegafur, Gimeracil, and Oteracil Binding to Dihydropyrimidine Dehydrogenase Using Molecular Docking

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Background and Aim : Fluoropyrimidines, including Tegafur, are widely used in the treatment of various solid tumors, but interindividual variability in response and toxicity remains a clinical challenge. Dihydropyrimidine dehydrogenase (DPYD) is the key enzyme responsible for ۵-fluorouracil metabolism, and its modulation is crucial in fluoropyrimidine-based therapies. Gimeracil and Oteracil are co-administered agents designed to influence DPYD activity and reduce systemic or gastrointestinal toxicity

Methods : The three-dimensional structure of DPYD was retrieved from the Protein Data Bank and prepared using ChimeraX ۱.۸. Three-dimensional structures of the ligands were obtained from PubChem and docked independently using PyRx software. The docking grid was centered at X=۸۰,۴۶۶, Y=۴۶,۰۸۲, Z=۳۰,۴۹۸. Nine docking poses were generated for each ligand, and the top-ranked pose with RMSD=۰.۰ Å was analyzed for binding energy and interaction patterns

Results : Tegafur showed the most favorable binding energy (-۶.۱ kcal/mol), followed by Oteracil (-۰.۹ kcal/mol), while Gimeracil exhibited a lower binding affinity (-۰.۰ kcal/mol). All three ligands displayed stable docking poses with RMSD=۰.۰ Å, indicating consistent binding conformations. The differences in predicted binding energies suggest distinct interaction profiles and may reflect their pharmacological roles in fluoropyrimidine-based therapy

Conclusion : The docking analysis indicates that Tegafur and Oteracil have slightly stronger predicted interactions with DPYD compared to Gimeracil under the simulated conditions. These findings provide a molecular perspective on the interactions of fluoropyrimidine-related compounds with DPYD and can inform further pharmacogenetic and mechanistic studies

Keywords : Tegafur, Gimeracil, Oteracil, DPYD, Molecular Docking, Fluoropyrimidine, Pharmacogenetics



Count: ۶۵

Abstract ID: ۳۱

subject: Genetic & Gynecologic Cancers

Presentation Type: Poster

Psychometric Properties of the Persian Version of the Breast Cancer Comprehensive Frailty Scale

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Background and Aim : Frailty is a multidimensional syndrome associated with adverse clinical outcomes, treatment-related complications, and reduced quality of life among patients with breast cancer. A valid and reliable instrument is essential for the comprehensive assessment of frailty in this population. This study aimed to evaluate the psychometric properties of the Persian version of the Breast Cancer Comprehensive Frailty Scale (BCCFS).

Methods : This methodological study was conducted among ۲۸۵ women with breast cancer recruited from oncology centers in Iran in ۲۰۲۵. The scale was translated using the forward-backward translation method. Face and content validity were assessed by an expert panel of ۱۰ specialists. Construct validity was examined using confirmatory factor analysis (CFA). Internal consistency was evaluated using Cronbach's alpha, and test-retest reliability was assessed in a subsample of ۳۰ participants over a two-week interval using the intraclass correlation coefficient (ICC).

Results : The Persian version demonstrated excellent content validity, with a Scale Content Validity Index (S-CVI) of ۰,۹۴ and item-level Content Validity Ratio (CVR) values ranging from ۰,۸۰ to ۱,۰۰. Confirmatory factor analysis supported the proposed factor structure and showed an acceptable model fit ($\chi^2/df = ۲,۱۸$, CFI = ۰,۹۵, TLI = ۰,۹۴, RMSEA = ۰,۰۶۱). The overall Cronbach's alpha coefficient was ۰,۹۱, while the subscale coefficients ranged from ۰,۷۸ to ۰,۸۹. Test-retest reliability was excellent (ICC = ۰,۹۳; ۹۵% CI: ۰,۸۸-۰,۹۶).

Conclusion : The Persian version of the Breast Cancer Comprehensive Frailty Scale demonstrated satisfactory validity and reliability for assessing frailty among Iranian women with breast cancer. The instrument can be recommended for use in both clinical practice and research settings.

Keywords : Breast cancer; Frailty; Psychometric properties; Validity; Reliability; Persian version.



Count: ۶۶

Abstract ID: ۹۷

subject: Genetic & Gynecologic Cancers

Presentation Type: Oral

Investigation and Evaluation of the Anticancer Activity of Paclitaxel-Loaded Magnetite Nanoparticles on Ovarian Cancer Cell

Submission Author: Ala Deheshti

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Background and Aim : Ovarian cancer (OC) is the third most common malignancy and the leading cause of death among gynecological cancers. Advanced-stage diagnosis, drug resistance, and frequent recurrence limit the effectiveness of conventional treatments. Therefore, targeted nanocarrier-based drug delivery systems have emerged as promising therapeutic approaches. Magnetite nanoparticles and heparin-based carriers, particularly when combined with paclitaxel (PTX), offer improved biocompatibility, drug-loading capacity, and antitumor activity. This study evaluated the anticancer activity of paclitaxel-loaded heparin-coated magnetite nanoparticles (PTX-HP-MNP) against the A۲۷۸۰ ovarian cancer cell line

Methods : This descriptive-analytical study synthesized heparin-coated magnetite nanoparticles by chemical precipitation, followed by PTX loading using an oil-in-water emulsion method at different temperatures (۳۷°C and ۴۲°C) and pH values (۵.۵ and ۷.۴). A۲۷۸۰ cells were cultured in RPMI-۱۶۴۰ medium and treated with MNP, HP, HP-MNP, PTX, and PTX-HP-MNP formulations. Cell viability was assessed after ۲۴, ۴۸, and ۷۲ hours using the resazurin assay.

Results : Analysis of cell survival data for the A۲۷۸۰ cell line indicates that, at the ۲۴ hour mark, the survival percentage in all treatment groups was significantly lower than in the control group. The lowest survival rate (۴۹٪) was observed in the group treated with PTX-HP-MNP nanoparticles at a ۱۰۰٪ concentration. Similarly, after ۴۸ hours, the survival rate of all treatment groups decreased significantly compared to the control group; the lowest survival rate (۵۰٪) was observed in the group treated with PTX-HP-MNP nanoparticles at a ۵۰٪ concentration. Furthermore, after ۷۲ hours, the survival rate of all treatment groups remained significantly lower than that of the control group, with the lowest survival rate (۳۹.۹٪) observed in the group treated with PTX-HP-MNP nanoparticles at a ۱۰۰٪ concentration.

Conclusion : The percentage of cell survival and cytotoxicity in hours (۲۴-۴۸-۷۲) in the Ovarian cancer cell line, the lowest survival effect was reported for PTX-HP-MNP treatment with concentrations of ۵۰٪ and ۱۰۰٪.

Keywords : Ovarian cancer, Anticancer Activity, Magnetite Nanoparticles, Paclitaxel, cytotoxicity.



Count: ۶۷

Abstract ID: ۶۵

subject: Pelvic floor disorders

Presentation Type: Oral

The effect of pelvic floor muscle rehabilitation training package on sexual function postpartum women

Submission Author: Masoumeh Abedzadeh

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Background and Aim : Female sexual function is a key component of women's quality of life. Evidence indicates that more than ۶۰٪ of women experience some degree of sexual dysfunction during the early months following childbirth. This study aimed to evaluate the effect of a pelvic floor muscle rehabilitation skill training package on sexual function among postpartum women.

Methods : In this interventional study ۸۹ primiparous women were randomly assigned to intervention and control groups. The intervention group received a pelvic floor rehabilitation skill training package in four ۴۵ minute sessions. The control group received routine postpartum care. Data were collected using the Female Sexual Function Index (FSFI) and the Modified Oxford Scale for pelvic floor muscle tone at three time points: baseline, ۴ weeks, and ۸ weeks after the intervention. Data analysis was performed using SPSS package with proper statistical tests.

Results : There was no significant difference in baseline sexual function scores between the two groups ($p = ۰,۳۳۸$). In the intervention group, sexual function scores significantly increased from baseline to week ۴ and from week ۴ to week ۸ ($p < ۰,۰۰۰۱$). Although sexual function scores also increased over time in the control group, the improvement was significantly greater in the intervention group at both follow up points ($p < ۰,۰۰۰۱$). Pelvic floor muscle tone showed no significant difference between groups before the intervention ($p = ۰,۳۰$), but significant differences were observed at ۴ and ۸ weeks after the intervention ($p < ۰,۰۰۰۱$).

Conclusion : The pelvic floor muscle rehabilitation skill training package significantly improved sexual function and pelvic floor muscle tone in postpartum women. Given its non invasive nature, low cost, and ease of implementation, this intervention may be considered an effective strategy in routine postpartum care programs to enhance women's sexual health and quality of life.

Keywords : Pelvic floor rehabilitation, Skill training, Sexual function, Postpartum women.



Count: ۶۸

Abstract ID: ۸۷

subject: Pelvic floor disorders

Presentation Type: Oral

The Impact of Climate Change and Natural Disasters on Pelvic Floor Disorders in Women: A Systematic Review

Submission Author: Mahdieh Joukar

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Background and Aim : Pelvic floor disorders (PFDs), including pelvic organ prolapse, urinary incontinence, and fecal incontinence, affect up to one-third of adult women worldwide and substantially impair health-related quality of life. Although the biological and obstetric determinants of PFDs are well established, climate change and natural disasters are increasingly placing pressure on healthcare systems while exacerbating gender-specific physical and social burdens. These environmental stressors may also influence the occurrence, progression, and management of pelvic floor disorders through multiple direct and indirect pathways. This systematic review was conducted to synthesize the available evidence on the impact of climate change, extreme weather events, and natural disasters on the prevalence, progression, and management of pelvic floor disorders among women.

Methods : This systematic review, adhering to PRISMA^{۲۰۲۰} guidelines, searched PubMed, Scopus, and Google Scholar (۲۰۲۰-۲۰۲۵) for studies on growth under climate stress. Study quality was assessed using the MMAT tool, and due to heterogeneity, thematic analysis was employed for data synthesis.

Results : Out of ۲۶۳۰ registered studies, ۲۸ were ultimately synthesized after duplicates were removed and the remaining studies were screened and assessed for quality. The synthesis revealed three main indirect mechanistic pathways: "difficulties in emergency care during humanitarian crises and pelvic floor trauma," "increased body weight and abdominal stress due to heavy water carrying during drought and climate-induced water," and "exacerbation of respiratory diseases and excessive coughing leading to increased air intake."

Conclusion : There is a severe research gap in empirical studies directly examining the effects of climate change and natural disasters on pelvic floor dysfunction in women. Given the global increase in climate disasters and displacements, future longitudinal and mixed methods research should integrate clinical assessments of the pelvic floor into health and crisis adaptation to protect women's musculoskeletal health in the long term.

Keywords : Climate change, natural disasters, pelvic floor disorders, women



Count: ۶۹

Abstract ID: ۱۰۶

subject: Pelvic floor disorders

Presentation Type: Oral

Effects of face-to-face educational interventions on postpartum pelvic floor function and maternal physical health outcomes: A narrative review

Submission Author: Zahra Karimian

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Background and Aim : Postpartum physical health problems are common and may substantially impair women's quality of life and daily functioning. Although educational interventions are increasingly incorporated into postpartum care to support maternal recovery, synthesized evidence comparing these interventions with routine postpartum care remains limited. This narrative review examined the effects of face-to-face educational interventions on maternal physical health outcomes during the postpartum period.

Methods : Using a critical interpretive synthesis approach, we searched the Cochrane Library, Web of Science, ScienceDirect, PubMed, Scopus, and Google Scholar for English-language intervention studies published between January ۲۰۰۰ and December ۲۰۲۳. Eligible studies included randomized controlled trials, quasi-experimental studies, and pretest–posttest intervention designs that evaluated structured, in-person educational programs in comparison with standard postpartum care. Methodological quality was assessed using the Jadad scale

Results : Of the ۱,۵۳۳ records initially identified, eight studies met the inclusion criteria, comprising seven randomized controlled trials and one quasi-experimental study. The findings consistently demonstrated that educational and exercise-based interventions improved pelvic floor muscle strength, reduced urinary incontinence, and alleviated symptoms associated with pelvic organ prolapse. Interventions that incorporated comprehensive postpartum care, biofeedback techniques, and early pelvic floor muscle training were associated with improvements in both urinary symptoms and health-related quality of life. One study reported that a structured educational package significantly reduced postpartum sexual dysfunction. In addition, three randomized controlled trials highlighted the importance of exercise specificity in the management of diastasis recti abdominis

Conclusion : Overall, the evidence suggests that structured face-to-face educational interventions can improve several postpartum physical health outcomes when compared with routine care alone. These findings support the integration of targeted educational and exercise-based strategies into standard postpartum maternal healthcare services

Keywords : Health education, Postpartum period, Maternal health, Pelvic floor dysfunction, Narrative review



Count: ۷۰

Abstract ID: ۳۸

subject: Pelvic floor disorders

Presentation Type: Oral

Changes in pelvic floor distress and Female sexual function Following Pelvic Floor Reconstructive Surgery: A Prospective Cohort Study

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Background and Aim : pelvic floor disorders (PFDs) significantly impact women's quality of life. However, current knowledge regarding the quality of life and sexual function after reconstructive pelvic floor surgeries are limited and inconsistent. This study aimed to evaluate the patient' health related quality of life (HRQoL) and Female sexual function after pelvic floor surgeries.

Methods : This cohort study included sexually active women aged ۴۰-۶۰ years with pelvic floor disorders who visited the pelvic floor clinic at Qaem Hospital in eastern Iran in ۲۰۲۳. A total of ۹۰ patients with pelvic floor dysfunction who underwent pelvic organ prolapse (POP) repair and/or anti-incontinence surgery were enrolled. Demographic data and pelvic examination findings were recorded, and the Female Sexual Function Index (FSFI) and Pelvic Floor Distress Inventory (PFDI-۲۰) questionnaires were administered preoperatively and six months postoperatively. Data were analyzed using SPSS software with appropriate statistical tests

Results : Among the ۹۰ women followed for six months, pelvic floor distress significantly decreased post-surgery, regardless of surgical approach. Global sexual function showed notable improvement, particularly in urinary symptoms, colorectal issues, and sexual desire. However, no significant change was observed in dyspareunia. The mean quality of life score for participants with pelvic floor disorders was ۲۹,۰۶, and their mean sexual function score was ۱۹,۸۷, reflecting sexual dysfunction before the surgical intervention (FSFI $\leq$ ۲۶,۵۵).

Conclusion : Reconstructive pelvic floor surgeries, were associated with significant improvement in both symptom distress and sexual function, especially concerning urinary and prolapse-related symptoms. These findings support the efficacy of these surgical interventions in alleviating pelvic floor distress

Keywords : Pelvic reconstructive surgery, quality of life, sexual function, pelvic floor distress



Count: ۷۱

Abstract ID: ۱۰۲

subject: Pelvic floor disorders

Presentation Type: Oral

Extracorporeal Magnetic Stimulation for Female Pelvic Floor Disorders: A Scoping Review of Clinical Evidence, Treatment Parameters, Safety, and the Emerging Potential of Higher-Intensity Systems

Submission Author: Farzaneh Nazari

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Background and Aim : To evaluate the clinical evidence, treatment parameters, safety, and technical rationale for extracorporeal magnetic stimulation in female pelvic floor disorders, with particular attention to higher-output systems.

Methods : This scoping review analyzed ^{۹۴} reports, including ^{۷۵} clinical studies, ^{۱۱} evidence syntheses, and ^۸ technical reports.

Results : Applications included stress and mixed urinary incontinence, overactive bladder and urgency urinary incontinence, postpartum pelvic floor dysfunction, female sexual dysfunction, pelvic organ prolapse, fecal or anal incontinence, postoperative dysfunction, and chronic pelvic pain. Evidence was strongest for urinary incontinence, with promising clinical signals across the other indications. Treatment was generally well tolerated. A participant-blinded comparison of ۳-T and ۸-T systems found that the ۸-T system was associated with lower leakage frequency and a higher proportion of participants reporting improvement (۸۵% vs ۷۳%), providing an encouraging signal for higher-output treatment.

Conclusion : Extracorporeal magnetic stimulation is a promising, non-invasive platform for female pelvic floor rehabilitation. These findings support continued clinical development and larger, standardized trials to define optimal candidates, treatment parameters, and the potential benefits of higher-output systems.

Keywords : Pelvic floor, Extracorporeal magnetic stimulation, Incontinency



Count: ۷۲

Abstract ID: ۳۳

subject: Pelvic floor disorders

Presentation Type: Oral

Pelvic Floor Disorder Symptoms Before and After Gynecologic Cancer Surgery

Submission Author: Leila Pourali

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Background and Aim : Background: Pelvic floor disorders (PFDs) are prevalent among women with gynecological cancers and can adversely affect quality of life. Given improved survival rates, understanding PFD symptoms before and after surgery is increasingly pertinent for clinical care.

Methods : Methods: This prospective cohort study included ۱۰۲ women with endometrial, ovarian, or cervical cancer undergoing surgery at Ghaem Hospital, Mashhad, Iran. The validated Persian version of the Pelvic Floor Distress Inventory-۲۰ (PFDI-۲۰) was completed preoperatively and at three months postoperatively. The PFDI-۲۰ is a validated questionnaire assessing PFD distress and includes three subscales: the POPDI-۶, the CRAD-۸, and the UDI-۶. Pre- and post-operative comparisons were performed using appropriate tests. Subgroup analyses were conducted based on cancer type, disease stage, and body mass index.

Results : Results: The mean age of participants was 53.62 ± 10.05 years. The prevalence of PFD symptoms decreased from ۸۴.۵% before surgery to ۱۳.۶% at three months postoperatively ($p < 0.001$). The total PFDI-۲۰ score also decreased significantly from ۱۰.۵۶ to ۶.۱۴ ($p < 0.001$). Substantial enhancements were observed across all subscales (all $p < 0.001$). Overall, ۸۶.۴% of patients reported complete resolution of symptoms at follow-up. Subgroup analyses revealed consistent improvements across cancer types, disease stages, and BMI categories, indicating that the beneficial effect of surgery on PFD symptoms was broadly applicable across diverse patient subgroups.

Conclusion : Conclusion: Gynecological cancer surgery was associated with a significant reduction in PFD symptoms prevalence and severity at three months post-operatively, with consistence improvements across cancer types, disease stages, and BMI categories. These findings suggest that, surgery alone does not exacerbate PFD in the short term and may lead to symptomatic improvement. Standardized questionnaires may facilitate preoperative screening and postoperative surveillance. Future studies with extended follow-up periods are warranted to confirm the durability of these improvements.

Keywords : Pelvic floor disorders; Gynecologic cancer; Surgery; PFDI-۲۰; Quality of life



Count: ۷۳

Abstract ID: ۸۴

subject: Pelvic floor disorders

Presentation Type: Oral

Pelvic Floor Dysfunction and Sexual Health Outcomes After Gynecologic Cancer Treatment: A Systematic Review

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Background and Aim : Improved survival in gynecologic cancer has shifted clinical focus toward treatment-related morbidity. Pelvic floor dysfunction and sexual impairment are common, distressing sequelae of surgery, radiotherapy, chemotherapy, and multimodal therapies. They manifest as urinary, bowel, and sexual symptoms, severely affecting survivors' quality of life. However, available evidence remains fragmented. To systematically review pelvic floor dysfunction and sexual health outcomes among women treated for gynecologic cancers, focusing on the patterns and clinical impact of treatment-related complications.

Methods : This systematic review was conducted according to the PRISMA ۲۰۲۰ guidelines. PubMed/MEDLINE, Scopus, Web of Science, Embase and the Cochrane Library were searched for studies published from January ۲۰۲۰ to December ۲۰۲۵. Original observational studies and clinical trials reporting pelvic floor and/or sexual health outcomes after gynecologic cancer treatment were included. Reviews, case reports, editorials, and conference abstracts without full text were excluded. Two independent reviewers screened the studies, extracted data, and assessed methodological quality using design-appropriate appraisal tools. Due to clinical and methodological heterogeneity, the findings were synthesized narratively.

Results : Pelvic floor dysfunction and sexual health impairment were frequent but underrecognized consequences of gynecologic cancer treatment. Common outcomes included sexual dysfunction, dyspareunia, vaginal dryness or stenosis, urinary incontinence, bowel dysfunction, pelvic pain, and reduced sexual desire. Radiotherapy, radical pelvic surgery, and multimodal treatments were generally associated with greater symptom burden. These complications negatively affected quality of life, body image, emotional well-being, and intimate relationships. Heterogeneity in cancer types, treatments, follow-up periods, and assessment tools precluded quantitative synthesis.

Conclusion : Pelvic floor dysfunction and sexual health impairment are important but frequently overlooked consequences of gynecologic cancer treatment, particularly after radiotherapy, radical surgery, and multimodal therapy. Their impact on quality of life underscores the need for standardized assessment and targeted survivorship care. Further prospective research is needed to clarify risk factors and guide effective interventions.

Keywords : Gynecologic neoplasms; Pelvic floor dysfunction; Sexual dysfunction; Survivorship care; Quality of life; Systematic review.



Count: ۷۴

Abstract ID: ۶

subject: Pelvic floor disorders

Presentation Type: Oral

Individualized Regenerative Injection Therapy in Female Orgasmic Dysfunction: A Prospective Single-Center Cohort Study

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Background and Aim : Background Female orgasmic dysfunction (FOD) is a multifactorial condition influenced by anatomical, hormonal, psychological, relational, and functional factors. Regenerative injection therapies, including platelet-rich plasma (PRP) and hyaluronic acid (HA), have emerged as promising treatment options, although clinical outcomes remain variable. Objective To evaluate the outcomes of individualized regenerative injection therapy and identify clinical factors associated with treatment success in women with FOD.

Methods : Methods In this prospective single-center cohort study, women aged ۲۵-۵۰ years with isolated FOD underwent comprehensive evaluation including the Female Sexual Function Index (FSFI), sexual desire, vaginal lubrication, clitoral anatomy, vaginal laxity, pelvic floor status, and partner-related factors. Women with untreated vaginal dryness, significant relationship conflict, inadequate sexual stimulation, untreated partner sexual dysfunction, severe anatomical abnormalities requiring surgery, major psychiatric disorders, or medications affecting sexual function were excluded. Eligible patients received individualized treatment with PRP, HA filler, or combined therapy based on clinical findings. Outcomes and patient satisfaction were assessed over ۶ months.

Results : Results Most appropriately selected patients experienced clinically meaningful improvement in orgasmic function and overall sexual satisfaction. Favorable outcomes were primarily observed in women with isolated orgasmic dysfunction after exclusion of significant contributing factors. Untreated vaginal dryness, inadequate sexual stimulation, partner-related dysfunction, and major anatomical abnormalities were more common among patients with suboptimal response.

Conclusion : Conclusion Individualized regenerative injection therapy may improve orgasmic function in carefully selected women with FOD. Comprehensive pre-treatment evaluation and appropriate patient selection appear to be essential for optimizing treatment outcomes, supporting regenerative injections as part of a personalized rather than universal treatment strategy

Keywords : * Female Orgasmic Disorder * Orgasm * Platelet-Rich Plasma (PRP) * Hyaluronic Acid * Regenerative Medicine



Count: ۷۵

Abstract ID: ۶۹

subject: Laparoscopy in Gynecology

Presentation Type: Poster

Comparing vNOTES and LESS in Benign Hysterectomy: A Systematic Review of Current Evidence

Submission Author: Abolfazl Asef

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Background and Aim : Vaginal natural orifice transluminal endoscopic surgery (vNOTES) and laparoendoscopic single-site surgery (LESS) are emerging minimally invasive approaches for benign hysterectomy. However, comparative evidence regarding their perioperative outcomes remains limited and heterogeneous. This review synthesized current evidence to evaluate their efficacy and safety.

Methods : A systematic review was conducted according to PRISMA principles by searching PubMed, Scopus, and CNKI for studies published between January ۲۰۲۰ and August ۲۰۲۵. Comparative studies evaluating vNOTES versus LESS for benign hysterectomy were included. Outcomes included operative time, estimated blood loss, postoperative pain, bowel recovery, hospital stay, and perioperative complications. Study quality and risk of bias were assessed using established appraisal tools.

Results : Five high-quality comparative studies involving over ۱,۲۰۰ patients met the inclusion criteria. Compared with LESS, vNOTES was associated with significantly shorter operative time (mean difference -۱۳,۱۱ min; ۹۵% CI -۱۸,۷۴ to -۷,۴۸; $p < ۰,۰۰۱$), lower postoperative pain (VAS mean difference -۰,۶۰; $p = ۰,۰۲۳$), earlier bowel recovery (-۱۴,۱۱ h; $p = ۰,۰۰۱$), and shorter hospital stay (-۰,۷۵ day; $p = ۰,۰۰۴$). Overall complication rates were comparable (OR=۰,۸۹; ۹۵% CI ۰,۵۴-۱,۴۶; $p = ۰,۶۳۷$). Evidence regarding blood loss remained inconsistent. LESS was mainly limited by instrument crowding and reduced triangulation, whereas vNOTES required greater expertise in visualization and hemostasis.

Conclusion : Current evidence suggests that vNOTES offers superior short-term recovery while maintaining a safety profile comparable to LESS. Nevertheless, heterogeneity among available studies and potential learning-curve effects warrant cautious interpretation. Future multicenter randomized controlled trials with standardized outcome reporting are needed to strengthen the evidence base and guide clinical practice.

Keywords : vNOTES; LESS; Benign Hysterectomy; Minimally Invasive Surgery; Systematic Review; operating room technologist



Count: ۷۶

Abstract ID: ۷۰

subject: Laparoscopy in Gynecology

Presentation Type: Poster

Role of Artificial Intelligence in Operating Room Team Management and Intraoperative Complication Prediction in Gynecologic Surgery: A Systematic Review

Submission Author: Abolfazl Asef

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Background and Aim : Artificial intelligence (AI) is increasingly integrated into gynecologic surgery to improve operating room workflow, surgical decision-making, and prediction of intraoperative complications. This systematic review evaluated current evidence regarding AI applications in operating room team management and complication prediction.

Methods : A systematic review was conducted according to PRISMA principles by searching PubMed, Scopus, and Web of Science for studies published between January ۲۰۲۰ and July ۲۰۲۶. Systematic reviews and comparative clinical studies evaluating AI for surgical workflow analysis, team coordination, surgical phase recognition, or complication prediction in gynecologic surgery were included. Outcomes included workflow performance, model accuracy, complication prediction, and team coordination. Study quality and risk of bias were assessed using established appraisal tools.

Results : Seven eligible studies met the inclusion criteria. Deep learning models achieved ۸۱,۰-۹۳,۲% accuracy for surgical phase recognition and ۷۱,۴-۹۸,۱% for anatomical structure identification. In a multicenter study of ۸۴۵ patients with placenta previa, the Gradient Boosting Machine model demonstrated the best performance for postpartum hemorrhage prediction (AUC=۰,۸۱۰), identifying D-dimer level, placenta accreta spectrum, neutrophil count, prothrombin time, and platelet count as the strongest predictors. Random Forest and Naïve Bayes models also showed high predictive performance. AI-driven frameworks, including SurgBox, enhanced workflow simulation and team coordination, while automated workflow analysis demonstrated substantial agreement with expert assessment (Cohen's $\kappa=۰,۶۳$). Major implementation barriers included dataset bias, limited interpretability, privacy concerns, and lack of standardized surgical data annotation.

Conclusion : Current evidence suggests that AI can substantially improve operating room performance through accurate workflow recognition, reliable complication prediction, and enhanced team coordination. Nevertheless, heterogeneity among available studies warrants cautious interpretation. Future multicenter

prospective validation, explainable AI models, standardized datasets, and robust ethical frameworks are essential for safe clinical implementation.

Keywords : Artificial Intelligence; Operating Rooms; Gynecologic Surgery; Machine Learning; Surgical Workflow



Count: ۷۷

Abstract ID: ۷

subject: Laparoscopy in Gynecology

Presentation Type: Oral

Infertility Caused by Pelvic Tuberculosis: A forgotten and rare diagnosis

Submission Author: Maryam Dehghan

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Background and Aim : Active tuberculosis (TB), caused by the Mycobacterium tuberculosis bacillus, has the highest mortality rate among all infectious diseases worldwide. TB can be classified into two forms: pulmonary and extrapulmonary. The majority of patients infected with TB clear the mycobacterium after the primary infection. Genital tuberculosis is usually secondary to hematogenous spread from a primary site, typically the lungs. Fertility can be impaired by genital TB, primarily due to involvement of the fallopian tubes, which are the most commonly affected site. Additionally, infection of the uterus, ovaries, and peritoneum has also been reported.

Methods : We describe two cases of pelvic tuberculosis identified during infertility workups focused on fallopian tube involvement. Both cases were managed with a combination of surgical and medical therapies.

Results : Case ۱: An ۱۸-year-old woman with primary infertility showed bilateral tubal obstruction on HSG. Laparoscopy revealed peritoneal tubercles, bilateral tubal caseous granulomas, ovarian adhesions, and severe Fitz-Hugh-Curtis syndrome. Peritoneal TB was confirmed by PCR and AFB culture, followed by Adhesiolysis and six-month anti-tuberculosis therapy. As the couple declined ART and the patient had favorable fertility potential, expectant management was chosen, with follow-up for spontaneous conception. Case ۲: A ۲۱-year-old woman with primary infertility had unilateral tubal obstruction and contralateral hydrosalpinx on HSG. Laparoscopy demonstrated peritoneal tubercles, ovarian adhesions, caseous granuloma, and Fitz-Hugh-Curtis syndrome. After Adhesiolysis and six-month anti-tuberculosis therapy, expectant management was selected because ART was declined and fertility prognosis was favorable, with follow-up for spontaneous pregnancy.

Conclusion : Given the increasing trends in immigration from TB-endemic areas and the established relationship between pelvic tuberculosis and infertility, it is advisable to consider tuberculosis as a potential cause of infertility in women from these regions.

Keywords : Tuberculosis, Infertility, Pregnancy



Count: ۷۸

Abstract ID: ۹

subject: Laparoscopy in Gynecology

Presentation Type: Oral

Comparative Outcomes of Laparoscopic Salpingectomy versus Salpingostomy in the Management of Ectopic Pregnancy: A Decade-Long Study at Isfahan University of Medical Sciences

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Background and Aim : Ectopic pregnancy (EP) occurs in ۱-۲% of pregnancies and is associated with various complications. Treatment options include expectant management, medical therapy, and surgical interventions including salpingostomy or salpingectomy, which are now preferably performed via laparoscopy. Salpingostomy aims to preserve fertility but carries risks of persistent trophoblastic tissue and recurrence, whereas salpingectomy is definitive but involves removal of the affected fallopian tube.

Methods : This study analyzed patients treated for tubal EP with laparoscopic salpingectomy or salpingostomy at Al-Zahra and Shahid Beheshti hospitals in Isfahan Province from ۲۰۱۵ to ۲۰۲۵. Researchers collected demographic data, paraclinical findings, intraoperative and postoperative information from hospital records and conducted follow-up assessments of reproductive outcomes.

Results : This study analyzed ۴۰۱ patients undergoing laparoscopic surgery for EP. The average patient age was ۳۱ years, with a mean body mass index (BMI) of ۲۶.۱ kg/m². Notable obstetric histories included prior miscarriage (۳۳.۷%), previous tubal EP (۱۶%), and infertility (۱۷.۷%). The mean preoperative beta-hCG level showed no significant difference between the salpingectomy and salpingostomy groups. However, the average size of the EP mass on preoperative sonography and during surgery was significantly smaller in the salpingostomy group ($P < ۰.۰۰۰۱$). The study found that smaller EP mass size on preoperative sonography and during surgery was significantly associated with successful tubal preservation via salpingostomy. Persistent trophoblastic tissue occurred in ۱.۷% of salpingostomy cases. Recurrent EP in the same fallopian tube was ۶% in the salpingostomy group, while contralateral tube recurrence was significantly higher in the salpingectomy group (۷.۶% vs. ۱%). The salpingostomy group also had a significantly higher live birth rate (۶۲% vs. ۴۷%).

Conclusion : EP poses significant health risks for women of reproductive age, making timely diagnosis and appropriate treatment essential to minimize complications and improve future pregnancy outcomes. Preoperative assessments can help predict the likelihood of successful tubal preservation in patients who are suitable candidates.

Keywords : Ectopic Pregnancy, Laparoscopy, Salpingectomy, Salpingostomy, Pregnancy Outcome



Count: ۷۹

Abstract ID: ۹۴

subject: Laparoscopy in Gynecology

Presentation Type: Poster

Laparoscopic versus Open Surgery in the Management of Endometrial Cancer: A Systematic Review"

Submission Author: Atefeh Echresh Zadeh

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۱. Surgical Technology Student, Member of Student Research Committee, Faculty of Nursing and Midwifery, Ahvaz Jundishapur
۲. Surgical Technology Student, Member of Student Research Committee, Faculty of Nursing and Midwifery, Ahvaz Jundishapur Endometrial cancer is the most common gynecologic malignancy in developed countries, with an increasing incidence among women of reproductive age. In selected patients with early-stage disease, fertility-sparing treatment has emerged as an alternative to standard surgical management to preserve reproductive potential. However, concerns remain regarding its oncologic safety, recurrence risk, and reproductive outcomes, highlighting the need for a comprehensive evaluation of the available evidence.¹

Background and Aim : Endometrial cancer is the most common gynecologic malignancy in developed countries, and surgical management remains the cornerstone of treatment. Minimally invasive approaches, particularly laparoscopic surgery, have been increasingly adopted as alternatives to conventional open surgery. This approach may provide advantages such as reduced blood loss, shorter hospital stay, and fewer postoperative complications; however, its comparative effectiveness and oncologic outcomes require further evaluation.

Methods : This review was conducted using advanced searches in the scientific databases PubMed, Scopus, and Google Scholar. A total of ۱۷ articles were identified, and after screening, ۹ studies from ۲۰۲۰ to ۲۰۲۵ were selected and analyzed based on inclusion criteria including alignment with research objectives, up-to-date information, and access to full text.

Results : The included studies demonstrated that laparoscopic surgery was associated with reduced intraoperative blood loss, shorter hospital stay, and fewer postoperative complications compared with open surgery. Although laparoscopic approaches showed longer operative times, they provided comparable oncologic outcomes, including overall survival and disease-free survival. Minimally invasive surgery was therefore considered an effective alternative to open surgery in selected patients with endometrial cancer.

Conclusion : Laparoscopic surgery represents a safe and effective alternative to open surgery for the management of endometrial cancer, providing improved perioperative outcomes without compromising oncologic safety. Further high-quality studies are needed to optimize patient selection and surgical decision-making.

Keywords : Endometrial Neoplasms, Laparoscopy, Hysterectomy, Treatment Outcome



Count: ۸۰

Abstract ID: ۸۱

subject: Laparoscopy in Gynecology

Presentation Type: Oral

Pregnancy Outcomes and Late Complications Following Surgical Management of Cesarean Scar Pregnancy by Hysteroscopy and Laparoscopy

Submission Author: Maryam Hashemi

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Background and Aim : Cesarean scar pregnancy (CSP) is a rare form of ectopic pregnancy associated with potentially life-threatening maternal complications. Given the rising cesarean section rate and the limited evidence regarding long-term reproductive outcomes after surgical treatment, this study aimed to evaluate fertility outcomes and late complications following hysteroscopic and laparoscopic management of CSP.

Methods : This retrospective cross-sectional study included ۱۶۶ women with CSP who underwent surgical treatment at affiliated teaching hospitals of Isfahan University of Medical Sciences between ۲۰۱۸ and ۲۰۲۲. Patients were followed for ۳-۵ years to evaluate reproductive outcomes and late postoperative complications. Data were analyzed using SPSS version ۲۴ with Chi-square, Fisher's exact, and logistic regression tests.

Results : The mean age of patients was 31.99 ± 2.08 years, and type I CSP was the most common presentation (۵۳.۹%). Hysteroscopy was the predominant surgical approach (۸۵.۵%), and vaginal bleeding was the most frequent presenting symptom (۷۱.۱%). Among ۸۲ women who attempted conception after surgery, the subsequent pregnancy rate was ۷۲%, with a successful pregnancy rate of ۸۱.۳%. CSP recurrence occurred in ۱۳.۶%, spontaneous miscarriage in ۱۸.۷%, and infertility in ۲۸% of patients. Isthmocele was more frequent after hysteroscopy (۳۸.۷%) than laparoscopy (۳۳.۳%). Type I CSP showed the highest subsequent pregnancy rate, whereas type II was associated with a higher miscarriage rate and type III with an increased risk of emergency hysterectomy and reintervention. Multivariable analysis identified no independent predictors of CSP recurrence or infertility.

Conclusion : Fertility-preserving surgical management of CSP was associated with favorable reproductive outcomes, low recurrence, and a low incidence of severe complications. However, the relatively high rate of post-treatment isthmocele highlights the importance of preoperative counseling and long-term follow-up.

Keywords : Cesarean scar pregnancy; Hysteroscopy; Laparoscopy; Pregnancy outcomes.



Count: ۸۱

Abstract ID: ۷۳

subject: Laparoscopy in Gynecology

Presentation Type: Oral

Effect of Hyaluronic Acid-Based Anti-Adhesion Gel on Pelvic Pain and Complications After Laparoscopic Hysterectomy with Ovarian Preservation: A Randomized Double-Blind Trial

Submission Author: Maryam Hashemi

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Background and Aim : Chronic pelvic pain after hysterectomy with ovarian preservation is a common concern, often attributed to postoperative adhesions. Although anti-adhesion barriers are used to reduce adhesion formation, their long-term impact on patient-reported pelvic pain and clinical complications remains inadequately studied.

Methods : This prospective, randomized, double-blind, parallel-group clinical trial was conducted at Alzahra and Shahid Beheshti Hospitals affiliated with Isfahan University of Medical Sciences, Iran. Women aged ۳۰-۵۰ years undergoing total laparoscopic hysterectomy (TLH) with ovarian conservation for benign indications were randomized ۱:۱ to receive intraoperative Singclean hyaluronic acid-based anti-adhesion gel or no barrier. The primary outcome was pelvic pain intensity at ۱۲ months postoperatively, measured using the Numerical Rating Scale (NRS). Secondary outcomes included postoperative complications, adhesion formation, and cyst development. Analyses were performed on an intention-to-treat basis using appropriate statistical tests.

Results : A total of ۱۸۰ patients (۹۰ per group) completed the study with no loss to follow-up for primary outcomes. The gel group demonstrated significantly lower median pelvic pain scores at ۱۲ months (۰ [IQR ۰-۲] versus ۲ [IQR ۰-۴], $P < ۰,۰۰۱$). No pain was reported by ۵۱,۱% of patients in the gel group compared with ۲۶,۷% in the control group ($P = ۰,۰۰۱$ [d_{4,۱}][d_{۵,۱}]). Analgesic requirement was also lower in the gel group (۲۵,۶% vs ۴۷,۸%, $P = ۰,۰۰۳$). Adhesion formation (۳,۳% vs ۱۷,۸%, $P = ۰,۰۰۳$) and cyst formation (۶,۷% vs ۲۰,۰%, $P = ۰,۰۱۵$) were significantly reduced in the gel group. Multivariate logistic regression confirmed gel use as an independent protective factor against chronic pelvic pain (adjusted OR ۰,۴۸, ۹۵% CI ۰,۲۶-۰,۸۸, $P = ۰,۰۱۸$).

Conclusion : Intraoperative application of hyaluronic acid-based anti-adhesion gel during laparoscopic hysterectomy with ovarian preservation was associated with reduced pelvic pain at ١٢ months and lower rates of intraoperative outcomes such as adhesion formation around the ovary and inclusion cyst.

Keywords : Hysterectomy; Laparoscopy; Pelvic Pain; Hyaluronic Acid;



Count: ۸۲

Abstract ID: ۴۳

subject: Laparoscopy in Gynecology

Presentation Type: Oral

Hysteroscopic Findings Before Laparoscopic Abdominal Cerclage in Women with Cervical Insufficiency: A Five-Year Study in Tehran, Iran

Submission Author: Yekta Parsa

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Background and Aim : Cervical insufficiency (CI) is a major cause of recurrent pregnancy loss and preterm birth, and laparoscopic abdominal cerclage (LAC) is increasingly used in women with severe disease. Preoperative hysteroscopy may identify intrauterine abnormalities; however, its prognostic value for reproductive outcomes after LAC remains unclear. This study evaluated hysteroscopic findings before LAC and their association with pregnancy occurrence, alongside clinical predictors and data-driven modeling approaches.

Methods : In this retrospective observational cohort, ۱۷۲ women with CI undergoing evaluation prior to LAC at two tertiary referral centers in Tehran (۲۰۲۰–۲۰۲۴) were included. Clinical history, reproductive factors, imaging findings, and hysteroscopic results were analyzed. Univariable and multivariable logistic regression models identified factors associated with pregnancy occurrence after cerclage. Predictive performance of individual variables and machine-learning models was assessed using nested cross-validation with ROC-based metrics.

Results : Pregnancy occurred in ۶۹ women (۴۰,۱%). Hysteroscopic status and specific intrauterine abnormalities were not independently associated with pregnancy occurrence. Higher gravidity (adjusted OR ۰,۷۴, ۹۵% CI ۰,۵۷–۰,۹۶) and infertility history (adjusted OR ۰,۴۰, ۹۵% CI ۰,۱۹–۰,۸۵) were associated with reduced odds, whereas medical disease history increased the odds (adjusted OR ۲,۵۰, ۹۵% CI ۱,۲۳–۵,۰۶). Single-predictor discrimination was modest (AUC mostly ۰,۵۰–۰,۶۱). Machine-learning models demonstrated moderate performance, with XGBoost achieving the highest discrimination (AUC ۶۷,۶۵).

Conclusion : Preoperative hysteroscopic abnormalities alone do not independently predict pregnancy after LAC. Reproductive outcomes appear multifactorial, emphasizing the importance of integrated clinical assessment rather than reliance on isolated findings. Future prospective multicenter studies are needed to improve risk stratification and individualized counseling.

Keywords : Cervical insufficiency; hysteroscopy; abdominal cerclage; laparoscopic cerclage; pregnancy outcomes; machine learning



Count: ۸۳

Abstract ID: ۳۲

subject: Infertility (treatment, ART Complication)

Presentation Type: Oral

Evaluation of the therapeutic effect of very small stem cells from peripheral blood on improving the results of IVF cycles in diminished ovarian reserve (DOR) patients

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Background and Aim : Diminished ovarian reserve (DOR) constitutes one of the most important therapeutic challenges in assisted reproduction. Human studies propose bone marrow-derived stem cells both mesenchymal and hematopoietic are feasible candidates to promote ovarian rejuvenation. We will investigate to evaluate the effects of autologous very small stem cell from peripheral blood to ovarian transplantation on IVF outcomes in DOR.

Methods : In this pilot study, DOR patients (less than ۴۰ years & abnormal ovarian reserve tests or abnormal antral follicle count in sonogram) who entered the study after adequate explanations and consultation. Once before the procedure and once again ۷۰ days after the treatment, we checked the plasma levels of Follicle-stimulating hormone, Luteinizing hormone, Estradiol, anti-Mullerian hormone and trans vaginal sonography to assessment of antral follicular counts. Then the patients were scheduled in the antagonist IVF cycle. eligible patients received GCS-F ampoules ۵ mg/kg/day subcutaneously for ۵ days and blood cell count test for patients are monitored before starting to receive GCS-F and on the last day before sampling. Three hours after the last injection in ۵th day, ۱۲۰ cc of blood is taken from the patient and subjected to apheresis. Finally, ۲ cc of plasma containing very small stem cells was obtained, and ۱ cc was injected into each ovary.

Results : The average of total number of oocytes, the number of ۲ pronuclear embryos and the total number of embryos, before and after the intervention was not statistically significant.

Conclusion : Our findings suggested that the use of very small stem cells in improvement of IVF outcomes in DOR patients maybe have positive effect on increasing AFC but no other oocytes pick up parameters such as number, hormonal improvement and ovarian reserves in these patients. It may be needed for a longer period for follow-up and more numbers of participants.

Keywords : In Vitro Fertilization (IVF)- Diminished Ovarian Reserve (DOR)- very small stem cells from peripheral blood.



Count: ۸۴

Abstract ID: ۸۲

subject: Infertility (treatment, ART Complication)

Presentation Type: Oral

Viral Infection in Endometritis: Is There an Important Role or Not?

Submission Author: Hatav GhasemiTehrani

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Background and Aim : Chronic endometritis (CE) is a frequent pathological condition that is defined as localized inflammation in the endometrium. Some adverse fertility consequences such as recurrent miscarriage and failure of implantation are associated with chronic endometritis. On the one hand, inflammation plays an important role in the pathogenesis of endometritis, and on the other hand, the role of viral infections in inducing inflammation can make this review strongly attractive and practical. We set out to provide an overview of viral infections as a potential etiology of CE pathophysiology through the alteration of an endometrial microenvironment and its association with infertility. To the best of our knowledge, this is the first review to demonstrate the role of viral infection in chronic endometritis, and whether or not infection ultimately plays a role

Methods : Endometritis is an infection and/or inflammation of the endometrium, the lining of the uterus

Results : There are two types of endometritis: acute and chronic. Acute endometritis is the symptomatic type, characterized by the presence of neutrophils in the superficial endometrium, and chronic endometritis (CE) is the asymptomatic type, characterized by plasma cell infiltration into the endometrial stroma

Conclusion : verall, given the role of CE in infertility and negative population growth in many countries, a better understanding of its pathogenesis and epidemiology it may open a new gate to new methods for treatments. Viral infection could be an important risk factor for CE and eventually infertility. Since the cause of CE may be viruses, antibiotics should not be prescribed for treatment because, in addition to the high cost, results in increased antibiotic resistance. Assessing the different aspects of the role of viral infections in the endometrium and actually in CE requires further investigation.

Keywords : endometritis; infection; infertility; inflammation; virus



Count: ۸۵

Abstract ID: ۲۰

subject: Infertility (treatment, ART Complication)

Presentation Type: Poster

Effect of Intrauterine PRP Infusion Timing on Reproductive Outcomes in Intracytoplasmic Sperm Injection Cycles: A Randomized Controlled Trial

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Background and Aim : Despite the growing application of platelet-rich plasma (PRP) as an adjunctive therapeutic modality in reproductive medicine, particularly for enhancing endometrial receptivity, considerable uncertainty persists regarding the optimal intrauterine administration timeline. The present trial was therefore designed to juxtapose the reproductive outcomes associated with two distinct PRP infusion regimens: early-cycle delivery (days ۷-۱۰) versus pretransfer delivery (۴۸-۷۲ hours preceding embryo transfer) within intracytoplasmic sperm injection (ICSI) cycles.

Methods : This randomized controlled investigation enrolled ۸۱ infertile women, aged ۲۰ to ۴۰ years, presenting with an endometrial thickness of ≤ ۷ mm on the scheduled day of frozen-thawed embryo transfer (FET). Participants were randomly allocated to receive a ۰.۵ mL intrauterine PRP injection either during the early follicular-luteal transition phase ($n = ۳۶$) or within the ۴۸- to ۷۲-hour window immediately prior to FET ($n = ۴۵$). Outcome measures encompassed biochemical pregnancy, clinical gestation, spontaneous abortion, ectopic implantation, and live delivery rates.

Results : With the sole exception of infertility etiology, which demonstrated a significant intergroup discrepancy ($p = ۰.۰۰۶$), all baseline demographic and clinical parameters were well balanced across the two study arms. The clinical pregnancy rate observed in the early-cycle PRP cohort did not diverge meaningfully from that recorded in the peri transfer cohort (۱۶.۷% versus ۲۰.۰%, respectively; $p = ۰.۵۷۱$). Moreover, after controlling for the confounding effect of infertility etiology, PRP timing failed to emerge as an independent determinant of clinical pregnancy. Although point estimates for chemical pregnancy and live birth modestly favored the peri transfer schedule, these numerical advantages did not attain statistical significance.

Conclusion : PRP infusion timing does not substantially influence reproductive outcomes in ICSI cycles, suggesting clinical scheduling flexibility is feasible. However, larger randomized trials are warranted to confirm these findings and identify potential subgroups that may benefit from specific timing.

Keywords : Platelet-rich plasma; embryo transfer; endometrial receptivity; intracytoplasmic sperm injection; pregnancy outcomes.



Count: ۸۶

Abstract ID: ۴۶

subject: Infertility (treatment, ART Complication)

Presentation Type: Poster

Maternal Immune Disorders in Recurrent Implantation Failure: A Systematic Review

Submission Author: Mahdiah Joukar

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Background and Aim : Recurrent implantation failure (RIF) is a major challenge in assisted reproductive technologies (ART), affecting approximately ۱۰-۱۵% of couples undergoing IVF. It is defined as the failure to achieve pregnancy after the transfer of three high-quality embryos or after two oocyte donation cycles. Although nearly half of RIF cases remain unexplained, maternal immune dysregulation is considered a key contributor. This systematic review evaluated maternal immune mechanisms and biomarkers associated with RIF.

Methods : A systematic search of PubMed, Scopus, and Web of Science identified studies published between ۲۰۲۰ and ۲۰۲۵. Observational and interventional studies investigating immune factors in women with RIF were included. Data extraction was performed using a standardized form, study quality was assessed with the Mixed Methods Appraisal Tool (MMAT), and findings were synthesized narratively because of methodological heterogeneity.

Results : Of ۴۲۴ screened records, ۱۷ studies met the inclusion criteria. The evidence demonstrated that RIF is associated with excessive activation of uterine natural killer (uNK) cells, a Th^۱-dominant immune response, increased pro-inflammatory cytokines, HLA-C/KIR genetic variations, vitamin D deficiency, and chronic placental inflammation. Women with RIF showed elevated IL-۶, IL-۱۲, and IL-۱۸ levels, reduced IL-۱۰, and an increased Th^۱/Th^۲ ratio. Genetic susceptibility was linked to the KIR Tel AA genotype and HLA-C^۲C^۲ haplotype. Vitamin D deficiency and impaired Nodal signaling were also associated with disrupted immune regulation and implantation failure. However, evidence regarding the predictive value of uNK cells remains inconsistent.

Conclusion : Maternal immune dysregulation plays a central role in the pathogenesis of RIF. Immune profiling combined with targeted immunomodulatory strategies may improve implantation and live birth outcomes. Nevertheless, large, standardized prospective studies are required to validate immune biomarkers and establish evidence-based therapeutic approaches.

Keywords : Recurrent implantation failure, immune system, systematic review



Count: ۸۷

Abstract ID: ۲۳

subject: Infertility (treatment, ART Complication)

Presentation Type: Oral

Polygenic Risk and Gene–Gene Interactions of Thrombophilia-Related Variants in Second-Trimester Recurrent Pregnancy Loss: A Precision Medicine Approach in Iranian Women

Submission Author: Fatemeh Karami

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Background and Aim : Thrombophilia gene variants are considered one of the major genetic contributors to recurrent pregnancy loss (RPL); however, evidence across populations remains inconsistent. In this study, the association between thrombophilia gene polymorphisms (MTHFR C^{۶۷۷}T, MTHFR A^{۱۲۹۸}C, factor V Leiden G^{۱۶۹۱}A, and prothrombin G^{۲۰۲۱۰}A) and the risk of RPL in Iranian women was investigated, with emphasis on second-trimester miscarriages.

Methods : Polymerase chain reaction–restriction fragment length polymorphism was performed on DNA samples from ۱۲۲ women with a history of at least two consecutive spontaneous abortions during the second trimester, and ۹۷ women in the healthy control group. Genotyping targeted the A^{۱۲۹۸}C and C^{۶۷۷}T polymorphisms of the MTHFR gene, as well as G^{۱۶۹۱}A and G^{۲۰۲۱۰}A variants of the factor V and factor II genes, respectively.

Results : Except for the A^{۱۲۹۸}C polymorphism of the MTHFR gene, no significant association was found for the other variants. The combined analysis of all studied polymorphisms and the combination of both MTHFR gene variants demonstrated a significant association with the risk for RPL.

Conclusion : A detailed obstetric history in both case and control groups can help further elucidate the role of thrombophilia gene polymorphisms in the risk for RPL.

Keywords : MTHFR, factor V, factor II, gene polymorphism, recurrent pregnancy loss



Count: ۸۸

Abstract ID: ۳۰

subject: Infertility (treatment, ART Complication)

Presentation Type: Poster

Importance of Producing Targeted Dietary Supplement for Enhancing Thyroid Function in Iranian Women

Submission Author: MAJID KARANDISH

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Background and Aim : Thyroid disorders, including thyroid dysfunction, are prevalent in women of reproductive age and may impair fertility through hormonal mechanisms.

Methods : The median urinary iodine concentration among pregnant women in Iran is $128 \mu\text{g/L}$, whereas the optimal level is above $150 \mu\text{g/L}$. The level in pregnant women is below the optimal level in ۲۴ provinces. Data from a comprehensive perspective cohort study in Yazd (۲۰۱۵–۲۰۲۱) showed that the prevalence of hypothyroidism in women is five times higher than in men (۱۵% vs. ۳%, respectively), and women were typically affected between the ages of ۳۰ and ۳۹ years. The increasing trend of hypothyroidism in the population is concerning, and the high prevalence, particularly among women of reproductive age, is noteworthy. Salt avoidance (given that iodized salt is the main strategy for controlling iodine deficiency disorders) for the purpose of preventing hypertension and cardiovascular diseases, and stress likely play roles in the increasing prevalence of thyroid dysfunction.

Results : Thyroid supplements available in the Iranian market have several limitations: their most significant drawback is that they are not designed based on Iran's sociodemographic and dietary patterns and conditions; most of them are imported and expensive, or are exact copies of foreign supplements; and few of them address the stress–thyroid axis. A targeted, evidence-based dietary supplement designed for the Iranian population could fill these gaps.

Conclusion : In this paper, justification and possible ingredients of a thyroid enhancement supplement for Iranian women are presented.

Keywords : Thyroid, Hypothyroidism, Reproductive age, Dietary supplement, Stress,



Count: ۸۹

Abstract ID: ۱۰۳

subject: Infertility (treatment, ART Complication)

Presentation Type: Oral

The effects of vaginismus treatment and subsequent pregnancy: A case group study

Submission Author: Zahra Karimian

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^۱. kashan university of medical science

Background and Aim : Introduction: Considering the negative effects of vaginismus on the quality of life of couples and delay in pregnancy, this case group study was conducted with aim to investigate the process of treatment of patients with vaginismus and subsequent pregnancy.

Methods : -

Results : Cases presentation: In this descriptive study, ۱۲ patients with vaginismus were evaluated from October ۲۰۲۱ to December ۲۰۲۳. After history and initial evaluation, vaginismus grades ۳ and ۴ were diagnosed based on the Lamotte scale in the examination of the patients. The participants aged ۲۰-۳۵ years old. The mean duration of this disease and the mean duration of infertility were ۴,۳ years and ۴,۱ years, respectively, and ۵ patients (۴۱,۶٪) wanted assisted reproductive methods. During this period, the patients had received several ineffective and unscientific treatments. The process of treatment was done as a team. The treatment was started by the reproductive and sexual health specialist, the trainings, follow-up of the patients and referral to the team members were also done by the same specialist. The process included cognitive behavioral therapy and dilators that during the treatment process, Kegel exercises and non-sexual sensation were also performed by the patient. The sessions were held weekly and treatment period lasted two to three months. After end of treatment, the patients were able to have sexual intercourse without pain and became pregnant ۳ to ۱۲ months after the treatment.

Conclusion : Conclusion: One of the problems in women with vaginismus is infertility and this problem can be completely solved with scientific, team and combined treatments and persistence in the treatment process.

Keywords : Keywords: Case group, Infertility, Pregnancy, Vaginismus



Count: ۹۰

Abstract ID: ۱۰۴

subject: Infertility (treatment, ART Complication)

Presentation Type: Oral

The treatment of a couple suffering from severe vaginismus along with long-term infertility with the help of combined cognitive-behavioral therapy and biofeedback after receiving non-scientific treatments by the couple: A case study

Submission Author: Zahra Karimian

Zahra Karimian^۱

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Background and Aim : Background: Considering the importance of vaginismus and its negative impact on the quality of life for couples, as well as the instability it can introduce into their lives, the purpose of this case study is to provide an analytical report on the treatment of a patient suffering from severe vaginismus along with long-term infertility using combined cognitive-behavioral therapy and biofeedback, following the receipt of non-scientific treatments by the couple.

Methods : Case summary: The patient is a ۲۲-year-old woman with a diploma and a housewife with a history of one unsuccessful suicide, whose husband is a ۳۱-year-old with a diploma and works as a laborer. The patient got married at the age of ۱۵ and was suffering from vaginismus for more than ۶ years, with ۵ years of infertility. She was referred to the sexual health and fertility clinic of Kashan City by a gynecologist. During this period, the patient had undergone several ineffective and unscientific treatments by service providers.

Results : Intervention: After history taking and initial evaluation, grade four vaginismus was diagnosed based on the Lamont scale. The patient's team-based treatment process included eight cognitive behavioral therapy sessions and biofeedback. During the treatment process, Kegel exercises and non-sexual sensate focus techniques were also performed by the patient. Sessions were held weekly and the entire treatment course lasted two months. The follow-up of the treatment process was done online by the therapist. After the end of the treatment, the patient was able to have sexual intercourse without pain and became pregnant four months after the treatment.

Conclusion : Conclusion: The combined treatment method of biofeedback and cognitive behavioral therapy can be a suitable option in the treatment of severe and treatment-resistant cases of vaginismus. It is necessary to build professional capacity in the assessment, diagnosis, and treatment of this condition and to avoid providing any non-scientific treatment.

Keywords : Keywords: Vaginismus, Cognitive-behavioral therapy, Biofeedback, Case report.



Count: ۹۱

Abstract ID: ۱۶

subject: Infertility (treatment, ART Complication)

Presentation Type: Poster

Astaxanthin in Female Infertility: Molecular Mechanisms and Therapeutic Potential

Submission Author: Mahsa Nazari

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Background and Aim : Infertility is a major global public health concern that affects millions of women and imposes substantial emotional, social, and economic burdens. Female infertility has a multifactorial etiology, with oxidative stress recognized as a key contributor to reproductive dysfunction. Excessive production of reactive oxygen species (ROS) impairs oocyte quality, fertilization, embryo development, and overall reproductive outcomes.

Methods : Astaxanthin (AST), a naturally occurring red-orange xanthophyll carotenoid, has attracted increasing attention because of its exceptionally potent antioxidant and anti-inflammatory properties. As one of the most effective naturally occurring antioxidants, AST efficiently scavenges free radicals, reduces oxidative damage, and modulates inflammatory signaling pathways, thereby contributing to cellular protection and the maintenance of reproductive function.

Results : This narrative review summarizes the current evidence regarding the role of AST in female reproductive health, with a particular focus on the molecular mechanisms underlying its antioxidant, anti-inflammatory, and cytoprotective effects. The available literature suggests that AST may improve oocyte quality, support ovarian function, and enhance reproductive outcomes by mitigating oxidative stress and inflammation.

Conclusion : The existing evidence is promising, most findings are derived from preclinical studies, underscoring the need for well-designed clinical trials to establish the efficacy and safety of AST as an adjunctive strategy for the management of female infertility.

Keywords : Astaxanthin, Polycystic ovary syndrome, Oocyte, Granulosa Cells, Endometriosis



Count: ۹۲

Abstract ID: ۴۰

subject: Infertility (treatment, ART Complication)

Presentation Type: Oral

"The Effect of Neiguan Point (PC۶) Acupressure on Pain Intensity and Analgesic Consumption After Cesarean Section in Primiparous Women: A Single-Blind Randomized Controlled Trial"

Submission Author: Pegah Pedram

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Background and Aim : Post-cesarean pain is a major challenge in postpartum care. Due to analgesic side effects, safe non-pharmacological methods such as acupressure are important. This study aimed to determine the effect of Neiguan (PC۶) acupressure on pain intensity and analgesic consumption after cesarean section in primiparous women.

Methods : This single-blind randomized controlled trial was conducted on ۷۲ primiparous women (۳۶ in the PC۶ acupressure group and ۳۶ in the control group) undergoing cesarean section under spinal anesthesia at Shahid Rahimi Hospital, Khorramabad, Iran (۲۰۲۵). Acupressure was applied at ۲ and ۴ hours post-surgery for ۲ minutes (۵ seconds pressure, ۲ seconds rest) at the PC۶ point. The control group received superficial touch without pressure. Pain intensity was measured using a Visual Analogue Scale (VAS) at five time points. Analgesic suppository (acetaminophen and diclofenac) consumption frequency was recorded. Data were analyzed using independent t-test, paired t-test, ANCOVA, and generalized linear model with repeated measures.

Results : The two groups were homogeneous regarding baseline variables ($P > ۰,۰۵$). Group, time, and group×time interaction effects on pain intensity were significant ($P < ۰,۰۰۱$). Mean pain intensity in the PC۶ group was significantly lower than the control group at all measurement times ($P < ۰,۰۰۱$). Mean analgesic consumption frequency in the PC۶ group ($۱,۴۲ \pm ۰,۵۰$) was significantly lower than the control group ($۵,۰۸ \pm ۰,۸۰$) ($P < ۰,۰۰۱$). No serious adverse events were reported.

Conclusion : PC⁶ acupressure significantly reduces pain intensity and analgesic consumption during the first four hours after cesarean section in primiparous women. This safe, low-cost method can be performed by trained personnel and can be incorporated into postpartum care protocols.

Keywords : Acupressure, Neiguan point (PC⁶), Post-cesarean pain, Primiparous women, Analgesic consumption.



Count: ۹۳

Abstract ID: ۱۲

subject: Infertility (treatment, ART Complication)

Presentation Type: Oral

Exosome-Mediated Embryo–Endometrium Crosstalk in Implantation Failure and Recurrent IVF Failure

Submission Author: Saba Safdarpour

Saba Safdarpour^۱

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Background and Aim : Implantation is a highly regulated biological process requiring precise molecular communication between the embryo and the receptive endometrium. Despite advances in assisted reproductive technologies (ART), implantation failure remains a major limiting factor in in vitro fertilization (IVF) and contributes significantly to recurrent implantation failure (RIF). Recent evidence highlights extracellular vesicles, particularly exosomes, as key mediators of embryo–endometrium communication. This study aims to investigate the molecular mechanisms of exosome-mediated signaling and its role in implantation failure and RIF.

Methods : A narrative review was conducted using recent literature from PubMed, Scopus, and Web of Science focusing on exosome biogenesis, cargo composition, and functional roles in embryo–endometrial interaction during the window of implantation.

Results : Exosomes secreted by blastocysts and endometrial cells contain functional microRNAs, proteins, and lipids that regulate implantation-related processes. These include endometrial receptivity, immune modulation, cellular adhesion, and trophoblast invasion. Key signaling pathways influenced by exosomal cargo include LIF/STAT α , PI α K/AKT, Wnt/ β -catenin, and TGF- β . Exosome-derived microRNAs also regulate gene networks involved in decidualization and immune tolerance by modulating uterine natural killer (uNK) cell activity and macrophage polarization. Dysregulation of exosome secretion or cargo composition is associated with impaired endometrial receptivity, inflammatory imbalance, and implantation failure. Emerging evidence suggests that exosomal profiles in uterine fluid and embryo culture media may serve as non-invasive biomarkers for predicting IVF outcomes.

Conclusion : Exosome-mediated embryo–endometrium communication plays a central role in implantation success. Disruption of this signaling network contributes to implantation failure and RIF. Understanding these mechanisms provides potential diagnostic and therapeutic strategies for improving IVF outcomes.

Keywords : Extracellular vesicles, Embryo–endometrium crosstalk, Implantation failure, Recurrent implantation failure (RIF), In vitro fertilization (IVF)



Count: ۹۴

Abstract ID: ۱۳

subject: Infertility (treatment, ART Complication)

Presentation Type: Poster

Uterine Microbiome Dysbiosis and Its Impact on Endometrial Receptivity and Recurrent Implantation Failure: Emerging Evidence in IVF Outcomes

Submission Author: Saba Safdarpour

Saba Safdarpour^۱

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Background and Aim : Recurrent implantation failure (RIF) remains a major challenge in assisted reproductive technology (ART), despite advances in embryo selection and endometrial assessment. Recently, the uterine microbiome has emerged as a critical factor influencing endometrial receptivity and implantation success. Unlike the traditional view of the uterus as a sterile environment, evidence now suggests that a diverse microbial community exists within the endometrial cavity. Disruption of this microbial balance, known as dysbiosis, has been associated with impaired implantation and poor IVF outcomes. To investigate the role of uterine microbiome dysbiosis in endometrial receptivity and its association with recurrent implantation failure in IVF cycles.

Methods : A narrative review was conducted using recent studies from PubMed, Scopus, and Web of Science focusing on uterine microbiome composition, Lactobacillus dominance, dysbiosis patterns, and their correlation with implantation outcomes and IVF success rates.

Results : Current evidence indicates that a healthy endometrial microbiome is typically dominated by Lactobacillus species, which maintain an optimal acidic microenvironment and support endometrial receptivity. In contrast, dysbiosis characterized by reduced Lactobacillus abundance and increased pathogenic bacteria (e.g., Gardnerella, Atopobium, and Prevotella) is associated with chronic low-grade inflammation, altered cytokine expression, impaired decidualization, and reduced implantation rates. Microbiome imbalance may also affect immune tolerance by disrupting uterine natural killer (uNK) cell function and macrophage polarization, leading to a hostile endometrial environment for embryo implantation.

Conclusion : Uterine microbiome composition plays a critical role in regulating endometrial receptivity and implantation success. Dysbiosis is strongly associated with recurrent implantation failure and poor IVF outcomes. Modulation of the uterine microbiome may represent a promising diagnostic and therapeutic strategy in reproductive medicine.

Keywords : Probiotics, Uterine Microbiome, Endometrial Receptivity, Immune Modulation, Embryo Implantation



Count: ۹۵

Abstract ID: ۱۴

subject: Infertility (treatment, ART Complication)

Presentation Type: Poster

Mitochondrial Dysfunction in Oocytes and Its Impact on Embryo Quality and Recurrent IVF Failure: A Metabolic Perspective

Submission Author: Saba Safdarpour

Saba Safdarpour^۱

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Background and Aim : Recurrent implantation failure (RIF) and poor IVF outcomes remain major challenges in assisted reproductive technology despite advances in embryo culture and selection. Increasing evidence suggests that oocyte quality is a key determinant of embryo developmental competence. Among the most critical factors affecting oocyte quality is mitochondrial function, as mitochondria provide the primary source of ATP required for meiotic maturation, fertilization, and early embryonic development. Mitochondrial dysfunction has been associated with increased oxidative stress, impaired energy metabolism, and disrupted cytoplasmic maturation, all of which may contribute to infertility and poor reproductive outcomes. To investigate the role of mitochondrial dysfunction in oocyte quality and its impact on embryo development and recurrent IVF failure from a metabolic and molecular perspective.

Methods : A narrative review was conducted using recent studies from PubMed, Scopus, and Web of Science focusing on mitochondrial bioenergetics, oxidative stress pathways, mitochondrial DNA (mtDNA) integrity, and their association with oocyte competence and IVF outcomes.

Results : Mitochondria play a central role in oocyte maturation by regulating ATP production, calcium homeostasis, and apoptotic signaling. Evidence indicates that reduced mitochondrial membrane potential, accumulation of reactive oxygen species (ROS), and mtDNA mutations are associated with impaired oocyte quality and decreased fertilization rates. Altered mitochondrial dynamics, including dysregulation of fission and fusion processes, contribute to defective spindle formation and chromosomal abnormalities. Furthermore, oxidative stress-induced mitochondrial damage has been linked to early embryonic arrest and reduced implantation potential. Emerging studies suggest that mitochondrial biomarkers, such as mtDNA copy number and ATP content, may serve as predictors of oocyte competence and IVF success.

Conclusion : Mitochondrial dysfunction is a key underlying mechanism affecting oocyte quality, embryo development, and IVF outcomes. Targeting mitochondrial health and metabolic optimization may offer novel diagnostic and therapeutic strategies to improve reproductive success in assisted reproduction.

Keywords : Mitochondria, Oocyte quality, IVF, Recurrent implantation failure ,mtDNA, Embryo development



Count: ۹۶

Abstract ID: ۲

subject: Infertility (treatment, ART Complication)

Presentation Type: Poster

Evaluation of the effect of Melatonin on induction-ovulation cycles in infertile women with polycystic ovarian syndrome: a randomized clinical trial

Submission Author: Behnaz Souizi

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Background and Aim : Polycystic ovary syndrome is the most common endocrine disorder during reproductive age, associated with infertility, menstrual irregularities, and insulin resistance. Melatonin, as an antioxidant hormone, plays an important role in regulating reproductive function and improving follicular quality. The aim of this study was to evaluate the effect of oral melatonin on ovulation induction outcomes in infertile women with PCOS

Methods : This double-blind randomized clinical trial was conducted on ۹۸ infertile women aged ۱۸-۴۰ years with PCOS at Mobini Hospital, Sabzevar. Participants were randomly assigned into two groups: the control group (metformin + placebo) and the intervention group (metformin + melatonin ۳ mg for ۸ weeks). Following the intervention, both groups underwent ovulation induction cycles with letrozole and Cinal-F. The primary outcomes included follicular size and number of mature follicles, endometrial thickness, number of induction cycles, and pregnancy rate

Results : The mean follicle size in the intervention group was significantly higher than in the control group during the first cycle and overall , though no significant difference was observed in the second and third cycles. The number of mature follicles did not differ significantly between groups, but a significant change was noted before and after the intervention . Follicle distribution showed significant differences in the left ovary during the first cycle and the right ovary during the second cycle . Endometrial thickness varied significantly within each group , but not between groups. Although the intervention group had a higher rate of chemical and clinical pregnancy, the differences were not statistically significant

Conclusion : Melatonin combined with metformin improved follicle size and some treatment outcomes in women with PCOS, potentially enhancing the chances of pregnancy. However, no significant differences were found in other variables. Melatonin may be considered a supportive therapy alongside conventional ovulation induction methods. Further multicenter studies are recommended to confirm these findings.

Keywords : Melatonin, Polycystic Ovary Syndrome, Ovulation Induction,



Count: ۹۷

Abstract ID: ۷۴

subject: Infertility (treatment, ART Complication)

Presentation Type: Poster

The Need for A Training Software among Iranian Infertile Couples: A Qualitative Study

Submission Author: Mansoureh Yazdkhasti

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Background and Aim : Training needs are multidimensional requirements affected by social and cultural background, level of knowledge and personal and health conditions. This study was conducted to explain the needs for a training software among Iranian infertile couples.

Methods : In this qualitative study, we used content analysis to examine the need among ten infertile participants (four men and six women) and six health care professionals (including two gynecologists, two reproductive health specialists and two midwives). The present research was carried out from January ۲۰۱۷ to July ۲۰۱۸ at Rouyesh and Ibn Sina infertility treatment centers in Karaj, Iran. The participants were selected through purposive sampling with maximum variation. Four focus group discussions with the health care professionals and twelve semistructured, in-depth interviews with the infertile participants were held for data collection. Data were analyzed using conventional content analysis in MAXQDA-۱۰.

Results : Data analysis led to the extraction of a central theme of “a multidimensional training application” and its four main categories, including "pre-treatment training", "diagnostic training", "mid- and post-treatment training" and “continuous psychological training”. These main categories also had ۲۰ subcategories

Conclusion : Based on the results of this study, infertile women and men have multidimensional training needs before and after treatment and during the process of diagnosis; psychological aspects should also be considered. The interviewed health care professionals helped to explain these training needs. A training software thus needs to be designed based on the real needs of the infertile community.

Keywords : Infertility, Qualitative Study, Training Software



Count: ۹۸

Abstract ID: ۷۸

subject: Ethical & Legal Aspects in Gynecology

Presentation Type: Oral

Who Has the Final Say? Ethical and Legal Challenges in Gestational Surrogacy: A Case-Based Analysis Through International Guidelines and the Iranian Perspective

Submission Author: Hajar Abbasi

Hajar Abbasi^۱

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Background and Aim : Gestational surrogacy is an important option for individuals and couples unable to carry a pregnancy. However, it remains one of the most challenging areas of assisted reproductive technology due to the interaction between medical decisions, autonomy, legal responsibilities, and ethical considerations. Unlike other infertility treatments, it involves three stakeholders: intended parents, the gestational carrier, and the child. Conflicts may arise regarding fetal abnormalities, maternal health, pregnancy complications, and parental responsibilities, particularly in countries such as Iran, where surrogacy is practiced within specific legal, cultural, and religious frameworks.

Methods : This narrative review used a case-based ethical analysis approach. Relevant literature from PubMed, Scopus, and Web of Science, along with recommendations from ASRM, ESHRE, and FIGO, was reviewed. Iranian legal principles and religious perspectives related to assisted reproduction were also considered. Four clinical scenarios were analyzed based on biomedical ethics principles: (۱) disagreement over pregnancy termination after fetal anomaly diagnosis; (۲) maternal request for termination due to health concerns despite intended parents' disagreement; (۳) conflict regarding selective reduction in multifetal pregnancy; and (۴) refusal of intended parents to accept a newborn with congenital abnormalities.

Results : The main ethical challenge in gestational surrogacy is balancing the gestational carrier's autonomy, the reproductive expectations of intended parents, and the best interests of the child. International guidelines emphasize informed consent, independent counseling, prevention of exploitation, and protection of all parties. However, contracts cannot resolve every clinical conflict. In Iran, decision-making requires integration of medical evidence with existing legal principles, professional responsibilities, and religious considerations regarding maternal health, fetal status, lineage, and child welfare.

Conclusion : Gestational surrogacy is not merely a reproductive procedure but a complex ethical and legal process. A case-based approach can help clinicians recognize and manage real-life conflicts. Developing clear national guidelines and multidisciplinary counseling pathways is essential to protect the rights of all stakeholders and reduce medico-legal disputes.

Keywords : Surrogate Pregnancy; Assisted Reproductive Techniques; Ethics; Informed Consent; Patient Rights.



Count: ۹۹

Abstract ID: ۸۰

subject: Ethical & Legal Aspects in Gynecology

Presentation Type: Poster

Medical Complaints and Defensive Medicine in Obstetrics and Gynecology: An Integrative Review with Policy Implications for Iran

Submission Author: Ziba Faalpour

Ziba Faalpour^۱

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Background and Aim : Objective: Medical complaints are central to professional accountability, but the way they are handled may affect clinicians' well-being and clinical behavior. This integrative review examined evidence linking complaints and medicolegal pressure to defensive medicine in obstetrics and gynecology and considered the policy implications for Iran.

Methods : Methods: PubMed/MEDLINE, Google Scholar, SID, and Magiran were searched for Persian and English publications available through July ۲۰۲۶. Empirical and review articles were considered when they addressed complaint-related psychological outcomes, defensive practice, job satisfaction, or organizational support among physicians, with priority given to obstetrics and gynecology. Iranian legal and professional liability insurance documents were reviewed separately to interpret local policy relevance. Findings were synthesized thematically; no statistical pooling was attempted.

Results : Results: Across the reviewed studies, complaint exposure and medicolegal pressure were associated with anxiety, sleep disturbance, reduced professional confidence, lower job satisfaction, and defensive behavior. Reported responses included additional testing or consultation, earlier referral, avoidance of high-risk patients or procedures, and changes in obstetric intervention patterns. Clear communication, predictable timelines, peer support, and confidential legal or psychological assistance were identified as potentially protective. In Iran, the interaction between limited claim-reporting periods in professional liability policies and potentially prolonged proceedings may leave some claims partly uninsured; compensation rules based on the value at the time of payment may add further uncertainty. No Iranian study identified in this search directly measured how this insurance issue affects defensive practice among obstetricians and gynecologists.

Conclusion : Conclusion: Medical complaints and defensive medicine appear to be connected through modifiable psychological, organizational, legal, and insurance-related pathways. Policy responses in Iran should combine fair and timely complaint procedures, structured clinician support, monitoring of complaint outcomes, and review of coverage for delayed claims, while preserving patients' rights and professional accountability.

Keywords : Defensive Medicine; Malpractice; Legal; Obstetrics; Gynecology; Health Policy



Count: ۱۰۰

Abstract ID: ۷۹

subject: Ethical & Legal Aspects in Gynecology

Presentation Type: Poster

The Impact of Occupational Depression on Obstetricians and Gynecologists in Iran and the World: A Review Article

Submission Author: Somayeh Ghasemzadeh

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Background and Aim : The medical profession, particularly the specialty of obstetrics and gynecology (OB-GYN), is considered a high-risk occupation for psychiatric disorders including depression due to its stressful nature, long working hours, and frequent exposure to traumatic events. This review study aims to investigate the prevalence, risk factors, and consequences of occupational depression in OB-GYN specialists in Iran and worldwide.

Methods : This systematic review was conducted by searching reputable databases including PubMed, Scopus, Google Scholar, and SID using keywords such as "depression," "obstetrics and gynecology," "burnout," "mental health," and related combinations from ۲۰۱۲ to ۲۰۲۶.

Results : In a comprehensive study in the United Kingdom, the prevalence of depression in this group increased from ۱۴٪ in ۲۰۱۸ to ۳۱٪ in ۲۰۲۲ . In a study on OB-GYN residents in Hong Kong, ۲۱,۱٪ had depressive symptoms and ۱۳,۳٪ had suicidal ideation . In Brazil, the prevalence of depression in residents of this specialty was reported at ۴۹,۸٪ . Domestic studies also indicate that the prevalence of anxiety and depression in healthcare staff of obstetrics and gynecology wards in various Iranian cities is considerable . Major risk factors include high workload, long working hours, night shifts, lack of organizational support, exposure to adverse pregnancy outcomes and neonatal/maternal mortality, and disciplinary complaints . Occupational depression is associated with reduced job satisfaction, increased thoughts of leaving the profession, and decreased quality of patient care .

Conclusion : Occupational depression in OB-GYN specialists is a serious challenge in the healthcare systems of Iran and the world, requiring systemic interventions at individual, organizational, and policy levels. Designing psychological support programs, optimal shift management, workload reduction, and establishing support systems following exposure to traumatic events are essential to reduce the burden of this problem in this vital occupational group.

Keywords : Depression, Obstetrics and Gynecology, Burnout, Mental Health, Iran



Count: ۱۰۱

Abstract ID: ۳۶

subject: Ethical & Legal Aspects in Gynecology

Presentation Type: Oral

Factors Associated with Ethical Challenges in Assisted Reproductive Technology: A Scoping Review

Submission Author: Maryam HajizadeValokolaee

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۱. -
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۵. Sexual and Reproductive Health Research Center, Mazandaran University of Medical Sciences, Sari, Iran

Background and Aim : Assisted reproductive technology (ART) is increasingly recognized as part of reproductive health rights. Despite its benefits for infertile couples, ethical practices in ART are strongly shaped by social and cultural factors. This scoping review examines the factors influencing ethics in ART.

Methods : This scoping review was conducted in accordance with the PRISMA extension for Scoping Reviews (PRISMA ScR) guidelines. A structured search was performed across Persian (SID, Magiran, IranDoc) and international databases (PubMed, Web of Science, Springer) for studies published from ۲۰۱۴ to March ۲۰۲۶, using MeSH terms combined with hand searching and reference list screening. Two independent reviewers screened titles, abstracts, and full texts against predefined eligibility criteria, with disagreements resolved through consensus. Following this process, ۵۶ full text articles met the inclusion criteria and were included for thematic synthesis.

Results : Findings were grouped into four categories: (۱) principles of ethical counseling, emphasizing informed decision-making, autonomy, and psychological support; (۲) sociocultural perspectives, including religious beliefs, familial expectations, and community attitudes toward third-party reproduction and embryo status; (۳) health system accessibility, covering financial affordability, geographic distribution of services, and quality-of-care standards; and (۴) macro-level policies, encompassing legal regulations, oversight mechanisms, and international guidelines. These themes underscore the interplay between individual rights, cultural sensitivities, and structural determinants in mediating ethical outcomes. These factors highlighted the roles of maternal-fetal considerations, cultural attitudes, equitable economic support, and legal frameworks in shaping ethical practices in assisted reproductive technology.

Conclusion : Ethical practice in ART is not a monolithic construct but a dynamic product of social, cultural, and policy environments. Strengthening legal frameworks, enhancing health system responsiveness, and

embedding culturally competent counseling services are essential to promote equitable access and uphold ethical standards. Future research should prioritize comparative studies across diverse settings and the development of context-sensitive ethical guidelines to better serve infertile populations globally.

Keywords : Ethics, Assisted Reproductive Technology, Reproductive Ethics, Infertility, Social Factors.



Count: ۱۰۲

Abstract ID: ۴۹

subject: Ethical & Legal Aspects in Gynecology

Presentation Type: Oral

Maternal Autonomy and Decision-Making Rights Versus Fetal Interests in Maternity Care: A Systematic Review

Submission Author: Mahdiah Joukar

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۳. Department of Hematology, School of Medical Sciences, Tarbiat Modares University, Tehran, Iran

Background and Aim : Maternal autonomy, a cornerstone of rights-based obstetric care, is often undermined by healthcare systems prioritizing risk management and perceived fetal interests. This study identified institutional, relational, and legal mechanisms affecting rights-based obstetric care.

Methods : This study was conducted as a systematic review in accordance with the PRISMA ۲۰۲۰ guidelines. A systematic search was conducted in PubMed, Scopus, and Science Direct databases from ۲۰۱۶ to ۲۰۲۶. Eligible studies related to the investigation of maternal autonomy, decision-making rights, informed consent, refusal or acceptance of medical care, conflict between maternal importance and health-related considerations in prenatal, labor, and postpartum care were studied. The quality of studies was assessed using the MMAT tool, and due to the heterogeneity of studies, data synthesis was performed using the thematic analysis method.

Results : From a total of ۱,۳۲۴ identified records, after removal of duplicates, screening, and quality appraisal, ۹ studies were included in the final synthesis. Thematic synthesis resulted in the identification of five major themes: (۱) the dominance of a fetal-centred approach over maternal autonomy in clinical decision-making, (۲) challenges related to informed consent and the right to refuse medical care, (۳) the role of organisational culture, medicalisation, and legal concerns in undermining maternal autonomy, (۴) social and individual factors influencing women's ability to exercise independent decision-making, and (۵) strategies to support shared decision-making and rights-based maternal care. Overall, the evidence indicates that although maternal autonomy and informed consent are recognised as fundamental principles of maternity care, in practice, fetal-centred frameworks, interventionist medical cultures, and structural factors continue to constrain women's decision-making rights.

Conclusion : Despite rights-based care, women's autonomy in obstetric decisions remains constrained by fetus-centered, patriarchal, and structural factors, as indicated by current evidence. This review highlights methodological and contextual variations across studies. Future research should evaluate interventions that promote shared decision-making, attentiveness, and rights-based care.

Keywords : Pregnant Women, Decision Making, Medical Ethics



Count: ۱۰۳

Abstract ID: ۸۹

subject: Ethical & Legal Aspects in Gynecology

Presentation Type: Oral

Ethical Considerations of Artificial Intelligence Use in Infertility Treatment: A Systematic Review

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Background and Aim : AI is increasingly pivotal in infertility care, enhancing embryo selection, sperm analysis, ovarian reserve prediction, and personalized treatment. Despite its promise for improved accuracy and efficiency, this raises significant ethical concerns. Key issues in assisted reproductive technologies include data confidentiality, algorithmic bias, transparency, patient autonomy, informed consent, and accountability. This review examines the ethical implications of AI in infertility diagnosis and treatment, spanning clinical, systemic, and legal contexts.

Methods : We systematically searched PubMed, Scopus, and ScienceDirect for peer-reviewed articles published from ۲۰۱۰ to ۲۰۲۰. Our search combined terms for infertility and assisted reproductive technologies (infertility, ART, IVF) with artificial intelligence terms (AI, machine learning, deep learning) and ethical concepts (ethics, bias, privacy, informed consent, explainability). We included original research, reviews, and ethical analyses on AI in infertility treatment, excluding studies not focused on reproductive health or lacking an ethical perspective. Due to diverse methodologies, we synthesized data using thematic analysis.

Results : From ۴۲ articles, five key ethical challenges emerged: privacy/data security, algorithmic bias/fairness, transparency/explainability, patient autonomy/informed consent, and clinical accountability/responsibility. The evidence indicates a substantial gap between technological advancement and ethical/regulatory development.

Conclusion : AI in infertility treatment offers improved clinical care, but presents ethical challenges. Addressing transparency, fairness, data protection, and patient-centered governance is crucial for integrating AI into reproductive medicine. Collaborative efforts among infertility professionals, ethicists, data scientists, and regulatory bodies are essential for developing ethical guidelines and fostering public trust in AI-based infertility care. Future research will focus on explainable, bias-free, and ethically compliant AI systems tailored to diverse patient populations.

Keywords : Artificial Intelligence Infertility; Assisted Reproductive Technologies



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Predictors of self-medication with herbal remedies during pregnancy based on the theory of planned behavior in Kashan, Iran

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Background and Aim : Background: The incidence of application of medicinal herbs during pregnancy has increased significantly among women over the past years; however, the safety and efficacy of medicinal herbs during pregnancy are still unclear. The aim of the present study was to categorize the predictors of self-medication with herbal remedies during pregnancy based on the theory of planned behavior (TPB)

Methods : Methods: The present descriptive-analytical study was conducted on ۳۰۰ pregnant women referred to Kashan health center to receive prenatal care services in ۲۰۲۰. The study participants were randomly selected using stratified random sampling with proportional allocation. The data collection tool was a two-part researcher made questionnaire. The first part of the questionnaire included demographic information, midwifery information, and questions related to women's awareness about herbal medicine. The second part of the questionnaire was designed based on the theory of planned behavior including attitudes, perceived behavioral control, subjective norms, intention, and behavior performance. Data were analyzed using descriptive statistics, regression analysis, and SPSS version ۱۸,۰.

Results : Results: The mean age of participants was ۲۸. ۷±۵,۴ years (range, ۱۵-۴۵ years), the majority were housewives (۸۸,۳٪) and had secondary education (۳۹,۳٪). A total of ۱۶۴ women (۵۴. ۱٪) used medicinal herbs during pregnancy. The individual's attitude towards herbal medicines consumption, subjective norm, and perceived behavioral control was correlated with behavioral intention ($P < ۰,۰۵$). Similarly, subjective norms were the most predictor of using herbal medicine among pregnant women ($P < ۰,۰۵$)

Conclusion : Conclusion: The findings revealed that more than ۵۰ % of pregnant women used medicinal herbs during pregnancy. The present study showed that the individual's attitude towards herbal medicines consumption, subjective norm, and perceived behavioral control was correlated with intention of herbal medicine use among pregnant women. Likewise, subjective norms were the most predictor of herbal medicine use among pregnant women. The TPB should be addressed in planning health education programs and modifying health behaviors, including self-medication, especially during pregnancy.

Keywords : Herbal medicine, Pregnancy, Theory of planned behavior



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Evidence-based approach to Obstetrics and Gynecology

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Background and Aim : The ultimate goal of medical science is to achieve the highest possible level of health and longevity for human beings, from birth to the end of life, within the limits imposed by genetic factors and life events. As stated by Sir Macfarlane Burnet, medicine should strive to maximize health throughout the human lifespan. In this context, evidence-based obstetrics and gynecology aims to integrate the best available scientific evidence with clinical expertise and patient values to improve maternal and women's health outcomes.

Methods : High-quality medical care is founded on two indispensable pillars: compassion and scientific knowledge. Both are essential for excellence in clinical practice. A physician who relies solely on medical knowledge without empathy risks becoming no more than a technical operator. Conversely, a compassionate physician without adequate scientific knowledge may unintentionally cause harm, much like well-intentioned parents attempting to treat a child with meningitis by offering only chicken soup. As emphasized by David H. Gorski, good intentions alone are not enough; clinical decisions must be guided by the best available medical evidence. Evidence-based medicine ensures that compassion is directed toward safe, effective, and scientifically sound patient care.

Results : The ultimate goal of medical science is to achieve the highest possible level of health and longevity for human beings, from birth to the end of life, within the limits imposed by genetic factors and life events. As stated by Sir Macfarlane Burnet, medicine should strive to maximize health throughout the human lifespan. In this context, evidence-based obstetrics and gynecology aims to integrate the best available scientific evidence with clinical expertise and patient values to improve maternal and women's health outcomes.

Conclusion : Evidence-based approach to Obstetrics and Gynecology

Keywords :) Obstetrics Gynecology Clinical Practice Clinical Guidelines Women's Health Maternal Health Systematic Review Clinical Decision-Making Patient-Centered Care