

The following good articles were released recently. Compiled by Prof. Ahmed Badawy

1- No Hot Flashes? Then Don't Count On Hormones to Improve Quality of Life

Science Daily, 11/14/2013

Hormones at menopause can help with sleep, memory, and more, but only when a woman also has hot flashes, find researchers at Helsinki University in Finland. Their study was published online today in *Menopause*, the journal of The North American Menopause Society (NAMS). NAMS and 14 other leading women's health organizations agree that hormone therapy is acceptable at menopause for most women who are bothered by moderate to severe menopause symptoms. For women who aren't bothered by moderate to severe hot flashes, this study indicates that hormone therapy will not improve their quality of life. Hormone therapy helped the women who had moderate to severe hot flashes with their sleep, memory and concentration, anxiety and fears, exhaustion, irritability, swelling, joint and muscle pains, hot flashes, vaginal dryness, and general health. For the women with mild or no hot flashes, hormone therapy made no difference

2- Reliability of visual diagnosis of endometriosis

Journal of Minimally Invasive Gynecology, 11/15/2013

Fernando S, et al. – This study aims to determine whether accuracy of visual diagnosis of endometriosis at laparoscopy is determined by stage of disease. The accuracy of visual diagnosis of endometriosis was substantially influenced by American Society of Reproductive Medicine stage, the depth and volume of the lesion, and to a lesser extent the location of the lesion.

Methods

- A prospective longitudinal cohort study (Canadian Task Force classification II–2).
- Tertiary referral centers in three Australian states.
- Of 1439 biopsy specimens, endometriosis was proved in at least one specimen in 431 patients.
- Laparoscopy with visual diagnosis and staging of endometriosis followed by histopathologic analysis and confirmation.

Results

- Histopathologic confirmation of visual diagnosis of endometriosis adjusted for significant covariates.
- Endometriosis was accurately diagnosed in 49.7% of American Society for Reproductive Medicine (ASRM) stage I, which was significantly less accurate than for other stages of endometriosis.
- Deep endometriosis was more likely to be diagnosed accurately than superficial endometriosis (adjusted odds ratio, 2.51; 95% confidence interval, 1.50–4.18; $p < .01$).
- Lesion volume was also predictive, with larger lesions diagnosed more accurately than smaller lesions.
- In general, lesion site did not greatly influence accuracy except for superficial ovarian lesions, which were more likely to be incorrectly diagnosed visually as endometriosis (adjusted odds ratio, 0.16; 95% confidence interval, 0.06–0.41; $p < .01$).
- There was no statistically significant difference in accuracy between the gynecologic surgeons.

3- Prevention of ovarian hyperstimulation syndrome in GnRH agonist IVF cycles in moderate risk patients: randomized study comparing hydroxyethyl starch versus cabergoline and hydroxyethyl starch

European Journal of Obstetrics & Gynecology and Reproductive Biology, 07/31/2013

Matorras R et al. – This study aimed to assess whether, in GnRH agonist IVF cycles where there is a risk of ovarian hyperstimulation syndrome (OHSS), the addition of cabergoline to the hydroxyethyl starch (HES) infusion could decrease OHSS incidence and severity. The co-administration of cabergoline in patients receiving HES due to OHSS risk did not reduce the rate or severity of OHSS in GnRH agonist IVF cycles.

Methods

- A prospective randomized study.
- The population under study consisted of women undergoing IVF cycles with GnRH agonist protocols, at risk of OHSS (more than 20 follicles observed larger than 12mm in diameter and/or estradiol levels of 3000–5000pg/mL).
- Women received a slow infusion of 500mL of 6% HES during follicular aspiration alone or combined with 0.5mg cabergoline administration for 8 days, starting on the day of hCG administration.

Results

- The rates of OHSS (both early and late) were very similar in the HES alone group (3.19% (3/94)) and in the HES plus cabergoline group (5.68% (5/88)), as were the rates of severe cases of OHSS (1.06% and 2.27%).
- Pregnancy rates (PR) were also similar in the two groups (ongoing PR per transfer, 47.56 and 47.50%).

4- Can we reduce the surgical site infection rate in cesarean sections using a chlorhexidine-based antisepsis protocol?

The Journal of Maternal-Fetal and Neonatal Medicine, 11/20/2013

Amer-Alshiek J, et al. – This study aims to determine whether chlorhexidine-based antisepsis reduces the rate of surgical site infections (SSIs) in elective and non-elective cesarean sections (CS) compared with povidone-iodine protocol. Antisepsis with Chlorhex-

idine-based regimen was associated with a significant reduction in the rate of SSIs compared to povidone-iodine antisepsis in women undergoing elective and non-elective CS. This is of extreme clinical importance, as a change in antisepsis protocol can significantly reduce the morbidity and healthcare costs regarding cesarean sections.

Methods

- This was a retrospective study.
- Women undergoing elective and non-elective CS during two periods of time who were treated with two different antisepsis protocols were included.
- The protocols for antisepsis were povidone-iodine 10% scrub followed by 10% povidone-iodine in 65% alcohol (n = 163) and chlorhexidine 2% followed by 70% alcohol (n = 163).
- The rate of SSIs and the risk factors for their occurrence were calculated and compared between the two groups.

Results

- Antisepsis with chlorhexidine and alcohol was associated with a lower rate of SSIs, 10.43% versus 3.07% with povidone-iodine (p = 0.08).
- The two groups of patients were similar in baseline characteristics.
- Risk factors associated with SSIs were body mass index, urgent CS, and the use of the povidone-iodine protocol.

5- Risk of ectopic pregnancy following day-5 embryo transfer compared with day-3 transfer

Reproductive BioMedicine Online, 07/24/2013

Smith LP et al. – The adjusted risk ratio for ectopic pregnancy from day-5 compared with day-3 transfer was 0.71 (95% confidence interval 0.46–1.10). Although this analysis included 13,654 cycles, with a two-sided significance level of 0.05, it had only 21.9% power to detect a difference between the low incidence of ectopic pregnancy among both day-3 and day-5 transfers. In conclusion, this study was not able to demonstrate a difference in the risk of ectopic pregnancy among day-3 compared with day-5 transfers.