2024 International Pelvic Pain Societies (IPPS & Convergences PP & ESSIC) Meeting and 3rd Congress of Society of Pelvic Pain and Endometriosis

HYATT REGENCY İSTANBUL ATAKÖY
June 6-9 2024

www.ipps2024.org






Pelvic Pain and Endometriosis Society

ESSIC
INTERNATIONAL SOCIETY FOR THE STUDY OF IPS

INTERNATIONAL PELVICPAIN SOCIETY

CONVERGENCES IN ECLATPERINEAL PAIN
CONVERGENCES EN DOULEUR PELVI PÉRINÉALE
CONVERGENCIAS EN EL DOLOR PÉLVICO PERINEAL

GENK CONGRESS

6 JUNE THURSDAY

HALL A

13:00-14:00	**Opening Ceremony** **Presenter: Maxvell Chaves**
14:00-15:00 **Keynote Lecture**	Chairs: Cihat Unlu, Erkut Attar
14:00-14:20	**Education for Pelvic Pain, Training, Certification and Fellowship Opportunities in USA** Georgine Lamvu
14:20-15:00	**Pelvic Pain Simulation and The Effect of Music on Pelvic Pain** Erkut Attar, Jorge Carrillo and Kadriye Tombak
15:00-15:30	**Coffee Break**
15:30-17:00	**Prof. Dr. Oktay Kadayifci Session** Chairs: Cem Demirel, Jorge Carrillo
15:30-15:50	**Office Procedures for Immediately Managing a Chronic Pelvic Pain Flare** Georgine Lamvu
15:50-16:10	**Hysteroscopic Blocking of Fallopian Tubes By Using Coils in Patients With Hydrosaphinx** Bulent Tiras
16:10-16:30	**Primary Dysmenorrhea: Menstruation as the Great Disrupter** Erin Teeter Carey
16:30-16:50	**Tackling the Challenges of Adenomyosis** Yutaka Osuga
16:50-17:00	**Discussion**

7 JUNE FRIDAY

HALL A

09:30-11:00 SESSION -1	**Endometriosis Associated Disorders** "Chairs: Hakan Seyisoglu, Ibrahim Polat
09:30-09:50	**Obstacles in Pregnancy Associated with Endometriosis and Adenomyosis** Yutaka Osuga
09:50-10:10	**Endometriosis and PCOS** Fahrettin Kelestemur
10:10-10:30	**Endometriosis and Menopause** Fatih Durmusoglu
10:30-10:50	**Rethinking Endometriosis, Infertility and Assisted Reproductive Technology** Baris Ata
10:50-11:00	**Discussion**
11:00-11:20	**Coffee Break**
11:20-12:00	**SATELLITE SYMPOSIUM** **Annelik Yolculuğunda Vitamin ve Mineral Kullanımı** Moderatör: Erkut Attar Konuşmacı:Gürcan Türkyılmaz Exeltis Rethinking healthcare
12:00-13:00	**Lunch**

7 JUNE FRIDAY

HALL A

13:00-14:30 **SESSION -2**	**Convergence PP Session 1** Chairs: Emre Karasahin, Serkan Kahyaoglu
13:00-13:20	**Evaluation of The Patient with Chronic Pelvic Pain** Georgine Lamvu
13:20-13:40	**Peripheral Sensitization: OAB and BPS in Endometriosis** Mauro Cervigni
13:40-14:00	**Visceral Pain: Dysmenorrhea and Uterine Pain Syndrome in Endometriosis** Eric Bautrant
14:00-14:20	**Convergences PP Criteria of Pelvic Central Sensitization: What for?** Chloé Lacoste
14:20-14:30	**Discussion**
14:30-15:00	**Coffee Break**
15:00-15:40	**SATELLITE SYMPOSIUM** **Kronik Vajinitler** Oturum Başkanı: Erkut Attar Konuşmacı: Murat Yassa
15:40-17:10 **SESSION -3**	**Neuromodulation and Nerve Surgery** Chairs: Metin Capar, Pinar Bahat
15:40-16:00	**Percutaneous Neuromodulation in Inguinodynia Post Endometriosis Surgery** Rita Paiva
16:00-16:20	**Pins and Needles: Targeted Myofascial Pain Treatments** Erin Teeter Carey
16:20-16:40	**Laparoscopic Pudendal Nerve Release** Baris Mulayim
16:40-17:00	**Neuromodulation for Chronic Pelvic Pain** Erman Aytac
17:00 -17:20	**Pain Mechanisms in Endometriosis Associated Pelvic Pain** Ozkan Ozdamar
17:20 -17:30	**Discussion**

7 JUNE FRIDAY

HALL B

09:30-11:00 SESSION -1	**Setting-up of a PP Clinic, Nutrition, Psychological Problems** Chairs: Baki Senturk, Gonca Turker
09:30-09:50	**How to set up a Pelvic Pain Clinic** Ozlem Moraloglu Tekin
09:50-10:10	**The Role of Nutrition and Aromatherapy in Chronic Pelvic Pain** Hulya Kayhan
10:10-10:30	**Nutrition and OTC in Infertility and Chronic Pelvic Pain** Derya Kilic
10:30-10:50	**Sleeping Disorders and Anxiety and Depression in Patients with Chronic Pelvic Pain** Ece Buyuksandalyaci Tunc
10:50-11:00	**Discussion**
11:00-11:20	**Coffee Break**
12:00-13:00	**Lunch**
13:00-14:30 SESSION -2	**Physiotherapy and Pelvic Pain?** Chairs: Pelin Pisirici, Aygul Koseoglu Kurt
13:00-13:20	**Menstrual Pain, Myofascial Reflections and Physiotherapy Recommendations** Kadriye Tombak
13:20-13:40	**The Role of Exercise on Estrogen Metabolism and Pelvic Pain** Cumhur Erol
13:40-14:00	**Beyond Boundaries: Pelvic Pain Management with AI, VR, and Telerehabilitation Innovations** Elif Tugce Cil
14:00-14:20	**Multidisciplinary Rehabilitation Perspective for Pelvic Pain Through Good Practices and Projection Future** Feryal Subasi
14:20-14:30	**Discussion**
14:30-15:00	**Coffee Break**

7 JUNE FRIDAY

HALL B

15:40-17:10 **SESSION -3**	**Vulvodynia and Case Discussions** Chairs: Abdulkadir Turgut, Onur Erol
15:40-16:00	**Sexual Dysfunctions in Patients with Chronic Pelvic Pain** Ferruh Acet
16:00-16:20	**Vulvodynia and Provoked Vestibulodynia in Endometriosis** Melike Aslan
16:20-17:00	**Pelvic Pain and Endometriosis Puzzle:** **Join the Experts in Putting it Together** Erkut Attar, Ayca Aklar, Jorge Carrillo
17:00 -17:10	**Discussion**

8 JUNE SATURDAY

HALL A

09:30-11:00 **SESSION -1**	**Convergences PP Session 2** Chairs: Oya Gokmen, Sahin Zeteroglu
09:30-09:50	**Endometriosis and Other Chronic Overlapping Pain Conditions** Oriol Porta Roda
09:50-10:10	**First line and Second Line Treatment in Pudendal Neuralgia** Eric Bautrant
10:10-10:30	**Bladder Pain Syndromes / BPS and Overactive Pelvic Floor** Mauro Cervigni
10:30-10:50	**The use OCPs in Dysmenorrhea & Endometriosis** Rukset Attar
10:50-11:00	**Discussion**
11:00-11:20	**Coffee Break**
11:20-12:00	**SATELLITE SYMPOSIUM** **Kişiye Özel Kontrasepsiyon** Panelistler: Ferruh Acet, Erkut Attar, Fatih Durmuşoğlu, Sezai Şahmay, Cihat Ünlü Exeltis Rethinking healthcare
12:00-13:00	**Lunch**
13:00-14:30 **SESSION -2**	**Surgical Approach for Endometriosis and Associated Conditions** Chairs: Demir Ozbasar, Cetin Celik
13:00-13:20	**Hysterectomy (Robotic, Conventional, Vnotes)** Jorge Carrillo
13:20-13:40	**The use of Vaginal Natural Orifice Transluminal Endoscopic Surgery (vNotes) in the treatment of Endometriosis** Cihan Kaya
13:40-14:00	**Surgical Techniques for Deep Infiltrative Endometriosis (DIE)** Fatih Sendag
14:00-14:20	**Medical Treatment of Endometriosis Associated Pelvic Pain** Berna Dilbaz
14:20-14:30	**Discussion**

8 JUNE SATURDAY

HALL A

14:30-15:10	**SATELLITE SYMPOSIUM** **Prolapsus, İnkontInans ve Cinsel İşlev Bozukluklarında Pelvik Tonusun Önemi ve Tedavisi** Moderatör: Özgüç Takmaz Konuşmacı: Ozan Doğan Orthogen
15:10-15:30	**Coffee Break**
15:30-17:00 **SESSION -3**	**Endometriosis and ART** Chairs: Teksen Camlibel, Mete Isikoglu
15:30-15:50	**Remove or not remove of Endometriomas Before IVF** Cihat Unlu
15:50-16:10	**Ovulation Induction in Patients with Poor Ovarian Reserve** Bulent Gulekli
16:10-16:30	**Fresh Versus Frozen Embryo Transfer in Endometriosis** Recai Pabuccu
16:30-16:50	**Management of Endometrial Disorders in Patients with Endometriosis** Hulusi Bulent Zeyneloglu
16:50 -17:00	**Discussion**

8 JUNE SATURDAY

HALL B

09:30-11:00 SESSION -1	**Decision Making and Ultrasonography** Chairs: Ozay Oral, Yosun Gorkem Zeybek
09:30-09:50	**The Use of Ultrasonography in Diagnosis of Endometriosis and Adenomyosis** Mert Yesiladali
09:50-10:10	**Use of Ultrasound in the Rehabilitation of Patients with OPF (Overactive Pelvic Floor)** Rita Paiva
10:10-10:30	**Evaluation of Pelvic Floor Muscles by Transperinal Ultrasonography** Ozan Dogan
10:30-10:50	**Our Experience with a Tool for Shared Decision Making in Endometriosis** Oriol Porta Roda
10:50-11:00	**Discussion**
11:00-11:20	**Coffee Break**
12:00-13:00	**Lunch**
13:00-14:30 SESSION -2	**Urogynecological Disorders, Pelvic Floor Surgery and Pelvic Congestion** Chairs: Sezai Sahmay, Mehmet Suhha Bostanci
13:00-13:20	**Pelvic Floor Surgery and Pelvic Pain** Yakup Kumtepe
13:20-13:40	**Urogynological Disorders in Pelvic Pain** Akin Sivaslioglu
13:40-14:00	**How Can We Avoid Ureteral Injuries in Endometriosis Surgery** Erdal Sak
14:00-14:20	**Endovascular Management of Pelvic Congestion Syndrome** Serkan Ketenciler
14:20-14:30	**Discussion**

8 JUNE SATURDAY

HALL B

15:10-15:30	**Coffee Break**
15:30-17:00 **SESSION -3**	**Etiopathogenesis, Classification and Molecular Changes** Chairs: Ilhan Sanverdi, Isin Yesim Yesilkaya
15:30-15:50	**Classification of Endometriosis: What We Are Missing?** Bulent Yilmaz
15:50-16:10	**Etiopathogenesis of Endometriosis: Hormonal Factors and Endometrium** Murat Ulukus
16:10-16:30	**How to Manage Peri-Operatively a Patient with Pelvic Central Sensitization and Endometriosis** Chloe Lacoste
16:30-16:50	**Revisiting the Role of Biomarkers in Endometriosis: Novel Insights** Gokce Anik Ilhan
16:50-17:10	**Endometriosis Dependent Appendicitis** Mushvig Hasanov
17:10-17:30	**Chronic Pelvic Pain Due to Endometriosis in Women of Reproductive Age** Rahmonova Shahzodakhon Hasanovna
17:30-17:50	**Diagnostic Aspects of Endometrioid Ovarian Mass** Kodirova Maftuna Murodovna
17:50-18:00	**Discussion**

8 JUNE SATURDAY

HALL C

Pelvik Ağrı, Endometriozis ve İnfertilite Hemşireliği Oturumu

13:00-14:30	**Pelvik Ağrıya Güncel Bakış** Oturum Başkanları: Handan Özcan, Nezihe Kızılkaya Beji
13:30-13:50	**Kronik Pelvik Ağrının Fizyopatolojisi ve Tanılama** Zeynep Ece Utkan Korun
13:50-14:10	**Kronik Pelvik Ağrının Yaşam Kalitesindeki Etkisi** Özlem Şahan
14:10-14:30	**Pelvik Ağrı Yönetiminde Kanıt Temelli Yaklaşımlar** Hüsniye Dinç
14:30-14:50	**Kronik Pelvik Ağrı Semptomlarında Tamamlayıcı Uygulamalar** Meryem Metinoğlu
14:50-15:00	**Tartışma**
15:00-15:30	**Coffee Break**
15:30-17:00	**Endometriozise Güncel Bakış** Oturum Başkanları: Hediye Arslan Özkan, Ergül Aslan
15:30-15:50	**Endometriozis Farkındalığı (Epidemiyoloji, Risk faktörleri, Sağlık Personeli ve Toplumsal Bakış…)** Dilek Bilgiç
15:50-16:10	**Endometriozisin Tanı ve Tedavisi** Melis Gökçe Koçer
16:10-16:30	**Endometriozis ve İnfertilite** Melek Ersoy Cingi
16:30-16:50	**Endometriozis Vaka Yönetiminde Hemşirenin Rolleri** Ayşe Gül Bursa
16:50-17:10	**Tartışma**

8 JUNE SATURDAY

HALL D

09:00-11:00	**SÖZLÜ BİLDİRİ OTURUMU-1** Oturum Başkanları: Onur Erol, Pınar Bahat
OP-01	**Investigation Of The Value Of Serum Muscular Creatin Phosphokinase (CK-MM) Level In Patients With Adenomyosis As A Noninvasive Diagnostic Method** Hilal Muruvvet Bulut Aydemir
OP-02	**Cross-Cultural Adaptation, Validity and Reliability Study of the Turkish Version of the Polycystic Ovary Syndrome Quality of Life Scale** Ergül Aslan
OP-03	**A case of empty follicle syndrome - Zp-1 gene mutation** Ayse Altun
OP-04	**Tubal occlusion or salpingectomy in infertile women with hydrosalpinx?** Elif Kapucu Ataş
OP-05	**Case report series of hysterectomy with segmental colon resection** Elif Kapucu Ataş
OP-06	**Investigation of Tissue Stiffness Changes Caused by Adenomyosis with Elastographic Ultrasonography and Their Effects on In Vitro Fertilization Treatment.** Umut Aziz Goksel
OP-07	**Validity and Reliability of The Turkish Version of International Consultation on Incontinence Questionnaire-Vaginal Symptoms (ICIQ-VS)** Ergül Aslan
OP-08	**Investigation of Pain Perception in Menstrual Cycle Phases of Women with Primary Dysmenorrhea** Miray Çelebi
OP-09	**Abdominal wall endometriosis and extrapelvic endometriosis, clinicopathological approach, case series and review of literature** Ismet Hortu
OP-10	**Relationship between Pelvic Floor Health Knowledge and Dyspareunia in Postpartum Women** Sena Öndeş
OP-11	**Management of Patients with Endometriosis in a Training&Research Hospital in Istanbul, and Evaluation of the Effectiveness of Artificial Intelligence (AI) in the Statistical Analysis of Patient Data** Tural Ismayilov
OP-12	**Evaluation of The Data of Patients Operated for Endometrioma in Our Clinic** Murat Polat
OP-13	**Pelvic Floor Exercises are an Alternative in the Treatment of Male Patients Experiencing Pelvic Pain; Preliminary Results** Nuriye Büyüktaş
OP-14	**Maintaining Pelvic Floor Health During Pregnancy and Postpartum** Merve Meşedüzü
OP-15	**The Effects of Pilates Exercises Combined with Breathing Techniques on Pain, Sleep Quality, Stress Level, Posture, and Quality of Life in Patients with Chronic Pelvic Pain** Şeyma Ocak

8 JUNE SATURDAY

HALL D

13:00-14:30	**SÖZLÜ BİLDİRİ OTURUMU-2** Oturum Başkanları: Hüsnü Görgen, Ayça Aklar
OP-16	**Turkish version of the Endometriosis Self-Assessment Tool: A psychometric study** Hamide Arslan Tarus
OP-17	**Endometriosis Is A Women's Health Problem At All Ages** Cansel Tanrıkulu
OP-18	**Coexistence of unilateral dermoid cyst with bilateral endometrioma** Esengül Türkyılmaz
OP-19	**Is there a relationship between attitudes towards infertility and stigma tendency?** Rojjin Mamuk
OP-20	**Pelvic Floor Distress In Women Living In Turkey And Its Investigation In Terms Of Different Variables: A Descriptive Research** Işılay Çelik
OP-21	**İncidentally detected vaginal endometriosis: A case report** İlknur Merve Ayazoğlu
OP-22	**Investigation Of The Chronic Pelvic Pain Developing After Bening And Malignant Caused Hysterectomy Surgery** Belma Gözde Özdemir
OP-23	**Evaluation Of Dysmenorhea, Quality Of Life, And Sexual Functions In Patients With And Without Conization** Belma Gözde Özdemir
OP-24	**A case of ruptured endometrioma with severe acute pelvic pain** İlknur Merve Ayazoğlu
OP-25	**Midwifery and Nursing Approach in Managing Pelvic Floor Dysfunctions** Merve Meşedüzü
15:10 -15:30	**Coffee Break**

8 JUNE SATURDAY

HALL D

15:30-17:00	**SÖZLÜ BİLDİRİ OTURUMU-3** Oturum Başkanları: Mert Yeşiladalı, Aygül Köseoğlu Kurt
OP-26	**Using Myofascial Therapy Combined with Exercises and Magnetic Stimulation to Improve Pain, Depression, and Well-Being Outcomes, Quality of Life, and Sexual Function in Women with Chronic Pelvic Pain: Case Series Study** Nilüfer Cerbezer
OP-27	**Investigation of Chronic Pelvic Pain, Pelvic Floor Muscle Awareness, Physical Activity Levels and Their Relationship in Women of Different Age Groups: a Cross-Sectional Study** Selin Emeklioğlu
OP-28	**I Put The Definition Myself: Endometriosis** Enzel KÖKSALDI
OP-29	**Women Affected by Endometriosis: Their Anxieties and Coping Methods** Enzel KÖKSALDI
OP-30	**Assessment Of Body Image and Anxiety Levels İn Women With Endometriosis** Enzel KÖKSALDI
OP-31	**Cause of Severe Pelvic Pain in Adolescence: A Case of Fimbrial-located Paratubal Cyst Torsioned 8 Full Turns** Buğra Berkan Bingöl
OP-32	**The role Taurine and Taurine Transporter (TauT) antibody on Endometriotic Stromal Cells** Aylin Üstün
OP-33	**Sleeping Disorders and Anxiety and Depression in Patients with Chronic Pelvic Pain** Ece Büyüksandalyacı Tunç
OP-34	**Can Perfusion Index be used as an Objective Tool for Pain Assessment in Labor Analgesia?** Şeyma Nur Karadag

9 JUNE SUNDAY

Pelvik Ağrıda Uygulamalı İşlemler

KURS 1

09:00-09:30	**KAYIT**
	Pelvik Taban Tanı ve Tedavi Oturum Başkanları: Rukset Attar, Jorge Carrillo
09:30-10:00	**Pelvik Taban Muayenesi** Jorge Carrillo
10:00-10:30	**Pelvik Taban Ultrasonografisi** Ozan Doğan
10:30-11:00	**Endometriozis ve Adenomyozisin Ultrasonografik Tanısı** Mert Yeşiladalı
11:00-11:30	**Kahve Molası**
	Pelvik Taban Uygulamalı Tedaviler Oturum Başkanları: Erkut Attar, Mert Yeşiladalı
11:30 - 11:50	**Kronik Pelvik Ağrı Tedavisinde Ofis İşlemleri** Georgine Lamvu
11:50 - 12:10	**Vulvodini ve Disparoni: Muayene ve Botoks Uygulamaları** Rukset Attar
12:10 - 12:30	**Adenomyozisin Histeroskopik Tedavisi** Eric Bautrant
12:30 - 13:00	**Lazer Uygulamaları - Elektromanyetik Stimülasyon Tedavisi** Telal Doğruel, Melis Gökçe Koçer

9 JUNE SUNDAY

Eğitim ve Atölye Çalışması: Fizyoterapist Bakış Açısı ile Uzaktan Hasta Eğitimi

KURS 2

08:30-09:00	**KAYIT**
09:00-13:00	**Fizyoterapist Bakış açısı ile Uzaktan Hasta Eğitimi** Oturum Başkanları: Feryal Subaşı, Elif Tuğçe Çil Sertöz Eğitmenler: Feryal Subaşı, Rita Paiva, Elif Tuğçe Çil Sertöz, Elif Develi, Nilüfer Cerbezer
09:00-11:00	**Kronik Pelvik Ağrıya Giriş:** Semptomların Yönetimi ve Takibinde Online Yöntemler Etkili Olabilir mi? Kronik Pelvik Ağrı ile ilişkili Risk Faktörlerinin Değerlendirilmesi **Kronik Pelvik Ağrı ile Başa Çıkma ve Semptom Yönetimi:** Vaka Örnekleri ile **Kronik Pelvik Ağrıda Miyofasyal Yaklaşım Stratejileri:** Self-Miyofasyal Gevşeme ve Self-Germe Teknikleri Egzersiz Rutini Oluşturma, Sürdürme ve Takip Vaka örnekleri ve Tartışma
11:00-11:30	**Kahve Molası**
11:00-13:00	**Kronik Pelvik Ağrı ve Solunum Eğitimi Stratejileri :** Gevşeme ve Solunum Teknikleri **Fizyoterapi ve Rehabilitasyonu Destekleyen Yaşam Tarzı Modifikasyonları** **Fizyoterapist Eşliğinde Uzaktan Hasta Eğitim ve Takip Sistemi Yöntemleri:** Uzaktan online Egzersiz Programlarının Oluşturulması: Değerlendirme, Egzersiz Günlüğü ve Monitorizasyon

9 JUNE SUNDAY

Kronik Vajinitlerin Tanı ve Tedavisi

KURS 3

08:30-09:00	**KAYIT**
09:00-11:00	**Kronik ve Senil Vajinitler Tanı ve Tedavi** Oturum Başkanları: Fatih Durmuşoğlu, Murat Yassa
09:00-09:30	**Vajinitlerin Mikrobiyolojik Tanısı:** Mikroskopik muayene, Doğru kültür alma, Besi yerleri, Ph Değerlendirmesi Erkut Attar
09:30-10:00	**Kronik Vajinitlerin Tedavisi** Murat Yassa
10:00-10:30	**Menopozun Genito Üriner Semptomları:** Senil Vajinitler ve Pelvik Ağrı Fatih Durmuşoğlu
10:30-11:00	**Vajinitis Olgu Sunumları:** Sorunlar ve Çözümler
11:00-11:30	**Kahve Molası**

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HYATT REGENCY İSTANBUL ATAKÖY

June 6-9 2024

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BİLDİRİ ÖZET KİTABI






Pelvic Pain and Endometriosis Society

ESSIC
INTERNATIONAL SOCIETY FOR THE STUDY OF BPS

INTERNATIONAL PELVIC PAIN SOCIETY

CONVERGENCES IN PERIPERINEAL PAIN
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CONVERGENCIAS EN EL DOLOR PÉLVICO PERINEAL

GenX CONGRESS

ORAL PRESENTATIONS

Pub No: OP-001
Presentation Type: Oral presentation

Investigation Of The Value Of Serum Muscular Creatin Phosphokinase (CK-MM) Level In Patients With Adenomyosis As A Noninvasive Diagnostic Method

Hilal Muruvvet Bulut Aydemir[1], Serkan Kahyaoglu[1], Inci Halilzade[1], Ozlem Moraloglu Tekin[1]

[1]Ankara City Hospital, Department of Obstetrics and Gynecology, University of Health Sciences, Ankara, Türkiye

Hilal Muruvvet Bulut Aydemir / Ankara City Hospital, Department of Obstetrics and Gynecology, University of Health Sciences, Ankara, Türkiye

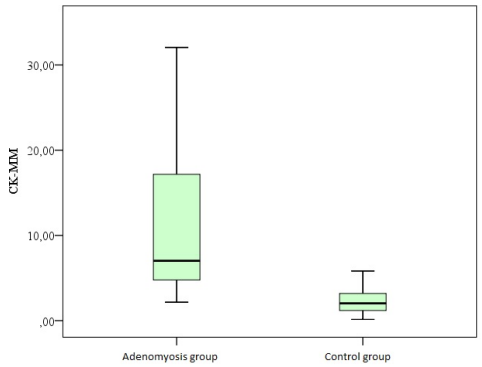
Aim: Adenomyosis can be preliminarily diagnosed by using ultrasonographic characteristic features of the disease. Definitive diagnosis necessitates hysterectomy and pathological examination of the specimen which is not an acceptable intervention for all women at reproductive age. Noninvasive diagnostic measures might increase the probability for the detection of adenomyosis and patients could have been treated by using more convenien treatment modalities targeting adenomyosis disease. In our study, we aimed to compare the serum CK-MM levels of women with and without adenomyosis to investigate whether CK-MM level could be a marker in reflecting myometrial damage due to adenomyosis.

Method: Forty patients who applied to Ankara City Hospital Gynecology and Obstetrics Hospital Gynecology Clinic between June 2021 and January 2022 and were diagnosed with adenomyosis clinically transvaginal sonographically based on morphological uterus sonographic assessment (MUSA) criteria and 40 healthy volunteers of similar age range who applied to the gynecology clinic for benign reasons without a clinical and sonographic diagnosis of adenomyosis were recruited for this study. Demographic, clinical and laboratory findings of women in both groups were recorded. For the determination of serum CK-MM levels of the participants in the study, blood serum samples taken during routine blood tests were collected upon application. Demographic/ clinical characteristics, blood results and CK-MM levels of both groups were compared by using the SPSS statistical program and their statistical significances were evaluated.

Findings: In our study, demographic and clinical characteristics of the both groups were similar (Table 1). The incidence of abnormal uterine bleeding and dysmenorrhea in patients with adenomyosis was significantly higher than those without adenomyosis ($p<0.001$). The incidence of dyspareunia in patients with adenomyosis was higher than those without adenomyosis which was close to the state of significance ($p=0.051$). No statistically significant difference was found between the symptom of pelvic pain and the presence of adenomyosis ($p=0.112$). The rate of using hormonal therapy for gynecological symptoms in patients with adenomyosis (47.5%) was found to be significantly higher than the rate of using hormonal therapy (17.5%) in patients without adenomyosis ($p=0.004$). The mean serum CK-MM of those with adenomyosis was 16.2±21.7 (ng/dL), and the mean of serum CK-MM of those without

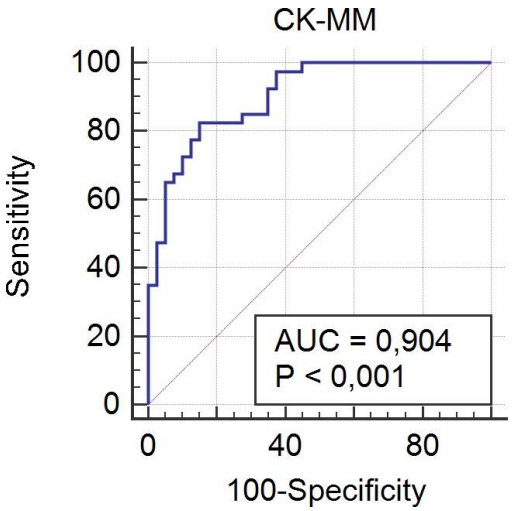
adenomyosis was 2.6±2.2 (ng/dL) which was found to be statistically significantly higher in the adenomyosis patient group compared to the control group (p<0.001) (Figure 1). Serum CK-MM levels were found to be similar in women with adenomyosis who have received hormonal treatment and not respectively (18,7±21,6 and 14,0±22,0, p:0.22). The threshold value of 3.43 ng/ml CK-MM was determined to distinguish women with adenomyosis from women without adenomyosis with 82.5% sensitivity and 85% specificity (Figure 2).

Figure 1



Serum CK-MM levels in women with and without adenomyosis

Figure 2



Receiver operating characteristic analysis of serum CK-MM levels and presence of adenomyosis

Table 1. Demographic and clinical characteristics of women with and without endometriosis

Parameter	Adenomyozis group (n=40)	Control group (n=40)	Total (n=80)	P value
	Mean±SD	Mean±SD	Mean±SD	
Age (years)	46,7±6,7	47,1±9,6	46,9±8,2	0,893*
VKİ (kg/m²)	30,5±5,2	29,0±5,4	29,7±5,3	0,299*
Gravida (n)	3,4±1,7	3,1±1,7	3,3±1,7	0,355*
Parity (n)	2,6±1,0	2,7±1,4	2,6±1,2	0,764*
Abortion (n)	0,5±0,8	0,2±0,4	0,3±0,7	0,186*
Serum haemoglobin (g/dL)	11,4±2,0	12,1±1,7	11,7±1,9	0,084**
ALT (U/L)	19,3±6,8	19,9±12,0	19,6±9,7	0,750*
AST (U/L)	18,6±5,9	18,3±8,4	18,5±7,2	0,307*
Blood urea nitrogen (mg/dL)	27,8±10,6	27,8±10,8	27,8±10,6	0,992*
Serum creatinin (mg/dL)	0,7±0,1	0,7±0,1	0,7±0,1	0,353*
CK-MM (ng/dL)	16,2±21,7	2,6±2,2	9,4±16,8	<0,001*
*Mann Whitney U test, **Student t test				

Conclusion: In this study, we demonstrated that serum CK-MM value can be used as a noninvasive method for diagnosis in patients with adenomyosis. Due to the insufficient number of studies regarding this issue in the literature, larger studies are needed to justify utilization of CK-MM as a diagnostic marker in adenomyosis.

Keywords: creatin phosphokinase, CK-MM, noninvasive diagnosis, abnormal uterine bleeding, adenomyosis

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HYATT REGENCY İSTANBUL ATAKÖY
June 6-9 2024
www.ipps2024.org

Pub No: OP-002
Presentation Type: Oral presentation

Cross-Cultural Adaptation, Validity and Reliability Study of the Turkish Version of the Polycystic Ovary Syndrome Quality of Life Scale

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[2]Istanbul University-Cerrahpaşa Florence Nightingale Faculty of Nursing

Ergül Aslan / Istanbul University-Cerrahpaşa Florence Nightingale Faculty of Nursing

Aim: This cross-sectional, descriptive, and methodological study was conducted to adapt the Polycystic Ovary Syndrome Quality of Life Scale into Turkish and test its validity and reliability in patients with polycystic ovary syndrome.

Method: The study included 250 women with PCOS who applied to the gynecology outpatient clinic of a university hospital between April and December 2019. A pilot study was performed on 30 patients, and subsequently, the scale was applied to the sample (n=250). The sociodemographic data and disease-specific information of the participants were obtained using the Introductory Information Form. The Nottingham Health Profile was used as a parallel form. The scale was evaluated using content and construct validity, item-total correlation, Kaiser Meyer Olkin-Bartlett tests, confirmatory and exploratory factor analyses and Cronbach alpha internal consistency coefficient.

Findings: A moderate correlation was found between PCOSQOL and NHP. The content validity index of the scale was found to be 0.98. The item-total correlation values of the items ranged between 0.435 and 0.895. As a result of factor analysis, 5 items (6,16,17,18,27) that were determined to be loaded on other factors were excluded from the scale. The Cronbach's alpha was found to be 0.939 for the overall scale, 0.868 for the mood subscale, 0.895 for the impact of PCOS subscale, 0.933 for the infertility subscale, and 0.946 for hirsutism.

Conclusion: As a result of the analyses, the 30-item Polycystic Ovary Syndrome Quality of Life Scale was determined to be valid and reliable.

Keywords: Polycystic ovary syndrome, Quality of life, Scale, Validity, Reliability

Pub No: OP-003
Presentation Type: Oral presentation

A case of empty follicle syndrome - Zp-1 gene mutation

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Aim: The empty follicle syndrome (EFS) is a condition in which no oocytes are retrieved in an IVF cycle with an adequate ovarian response to stimulation and careful follicular aspiration.Two variants of EFS have been described.The 'genuine' form (gEFS) occurs in the presence of adequate circulating HCG levels at the time of oocyte aspiration.However, the 'false' form (f-EFS) is associated with circulating HCG below a critical threshold.The false form can somehow be treated, but, the causes of genuine form are not totally understood and the treatment is compelling.We herein present a case of genuine EFS with ZP-1 mutation.

Method: A couple with 3 years of primary infertility admitted to our infertility and reproductive endocrinology unit.The woman was 28 years old, apparently healthy, with normal menstrual cycles, normal physical examination and pelvic sonography. Her baseline investigations were all within normal limits.Her medical and surgical past were unremarkable.The man was a 29-year-old male patient with normal semen analysis; sperm count 37 million sperm per ejaculate, 62% forward motility, 4% normal morphology.With the diagnosis of unexplained infertility, the couple underwent 2 cycles of superovulation and in utero insemination therapy, and as a result of failure to achieve pregnancy, ICSI was recommended.1st IVF cycle was the antagonist protocol.She received 225 IU units/day recombinant gonadotropin for 10 days.Ovarian stimulation was achieved with gonadotropins (Follitrophin alpha,Gonal-f,Merck) and patient developed 8 follicles.Once the mature follicles reached 18 mm, 0.25 mg synthetic hCG was administrated and oocyte pick-up (OPU) was performed 35 hours later.No oocytes were retrieved from one of the ovaries.With the diagnosis of EFS, a second 0.25 mcg hCG injection was repeated and OPU of the other ovary was performed the next day.Again, no oocytes were retrieved.In the 2nd IVF cycle;2 months after the first trial, the patient was given recombinant gonadotropin for 13 days and 2 doses of rec hCG were injected.Ovarian stimulation was achieved with gonadotropins and patient developed 5 follicles.No oocytes were obtained after oocytes pick-up.An additional third cycle yielded no oocytes.After multiple ovarian hyperstimulation protocols with adequate response and meticulous OPU procedures, neither oocytes nor cumulus±corona complexes were recovered.The patient was referred to the genetic tests with the diagnosis of genuine EFS.

Findings: To investigate the mutation in the ZP-1 gene in karyotype analysis and whole genome sequence analysis (TED),Sanger sequence and segregation analysis were performed on the peripheral blood of the female patient, her mother and her father.The female patient's karyotype analysis was 46,XX, the male patient's karyotype analysis was 46,XY. In the TED analysis, the exon in the female patient's ZP-1(11q12.2,zona pellucida glycoprotein 1,NM_207341.3,NP_997224.2) gene homozygous c.628>T (p.Q210*,rs776515172) change

was detected in her, her mother and her father.It was determined that the mother and father of the female patient carried the same index heterozygously. True empty follicle syndrome has been attributed to genetic basis.

Conclusion: In cases of genuine EFS, there is an intrinsic ovarian pathology causing defective follicular development and a probable genetic cause that needs to be highlighted. Genuine EFS cases can be further evaluated to find out the underlying genetic etyology.

Keywords: empty follicle, oogenesis, ovarian stimulation

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June 6-9 2024
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Pub No: OP-004
Presentation Type: Oral presentation

Tubal occlusion or salpingectomy in infertile women with hydrosalpinx?

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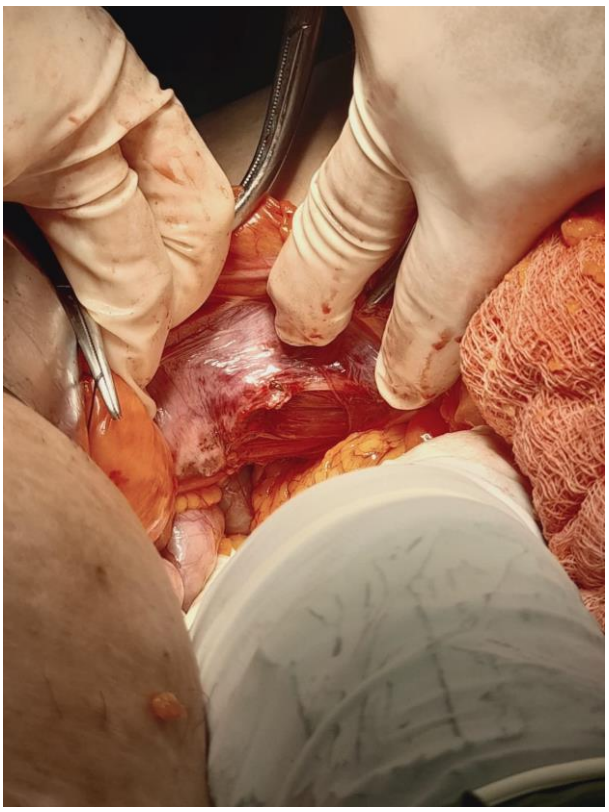
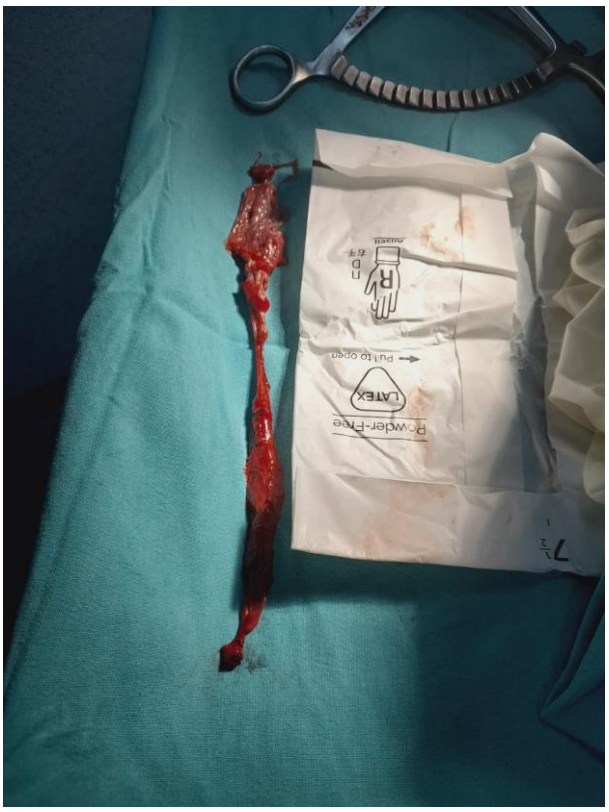
Aim: Tubal factors, especially hydrosalpinx, account for 25% of infertile patients.Previous surgeries, trauma, and pelvic inflammatory diseases can cause pelvic adhesions and pelvic pain. In this case report, we aimed to present the patient who had tubal occlusion due to infertility and who underwent salpingectomy years later due to complaints of pelvic pain.

Method: A 43-year-old patient with two children applied to our clinic with a complaint of pelvic pain. In the patient's vaginal examination, the vagina and cervix appeared normal. In transvaginal ultrasonography (TV USG) findings the endometrium double wall thickness was 7 mm, the uterus and ovaries were normal, and a 5x9 cm mass (hydrosalpinx?) was observed in the left adnexa. The patient had a history of abdominal trauma due to horse kick. The patient, who had a history of infertility, underwent in vitro fertilization (IVF) twice after tubal blockage due to hydrosalpinx. She had two cesarean sections. No pathological findings were detected in the laboratory examinations. The patient was planned for salpingectomy by laparotomy. After all the preoperative preparations were made, the patient was taken into surgery. A Pfannenstiel incision was made from the patient's previous incision and the abdomen was entered. During observation, the intestines were observed to be tightly adhered to the anterior abdominal wall. Thereupon, general surgery was invited to the case. Dissection was performed together with the general surgeon and the adhesions were partially opened. Left salpingectomy was performed on the patient who had hydrosalpinx in the left tube. Ovaries could not be seen clearly. The patient's diuresis was normal. No pathological findings were detected in the postoperative follow-up. She was discharged on the second postoperative day with the recommendation of an outpatient clinic check-up.

Pelvic adhesion



Hydrosalpinx



Findings: Tubal factors account for approximately 25% of cases of infertility, and the most severe manifestation of tubal disease is hydrosalpinx .It is now accepted that fluid within a hydrosalpinx plays a causative role in reducing pregnancy rates in assisted reproductive technology (ART); the success of ART for women with hydrosalpinx tubal disease is reduced by 50% compared with women who do not have hydrosalpinx.This patient also had infertility due to hydrosalpinx and achieved pregnancy with IVF after tubal occlusion.Etiology of chronic pelvic pain is examined as gynecological and non-gynecological causes. Among gynecological causes, most cases are endometriosis, tubal factors, ovarian cysts and pelvic adhesions. Patients with a significant past medical history of pelvic trauma or surgery are at a much higher risk of developing chronic pelvic pain compared to the general population. In this case, there was a history of horse kick and two cesarean sections. The serious pelvic adhesions we encountered during the operation may also be due to these.

Conclusion: Before IVF treatment, if hydrosalpinx is detected in the patient, salpingectomy or tubal blockage can be performed to disconnect the tubes from the uterus. However, it should not be forgotten that when tubal occlusion is performed, it may cause pelvic pain, as in our patient, and the patient may need to be operated on again.

Keywords: Hydrosalpinx, pelvic adhesion, pelvic pain, salpingectomy, tubal occlusion.

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Pub No: OP-005
Presentation Type: Oral presentation

Case report series of hysterectomy with segmental colon resection

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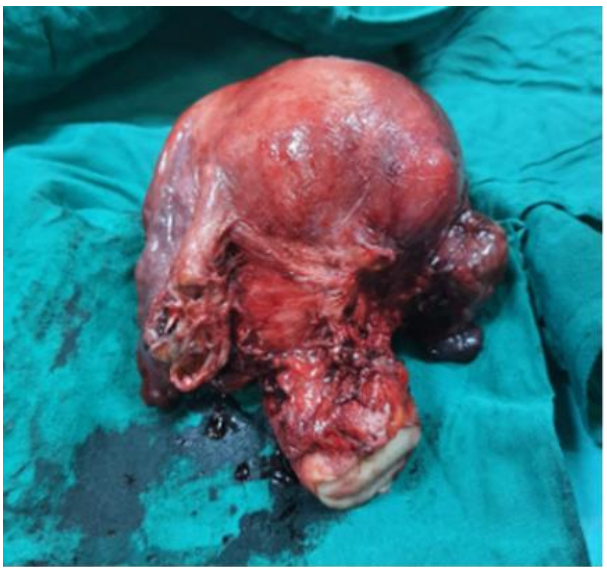
Elif Kapucu Ataş / Recep Tayyip Erdoğan University Faculty of Medicine, Head of The Department of Obstetrics and Gynecology, Rize

Aim: Around 190 million women worldwide are affected by endometriosis. Number of patients who are diagnosed intra-operatively is quite high. In this article, we aimed to present case series in which two patients who were scheduled for hysterectomy required bowel resection due to endometriosis.

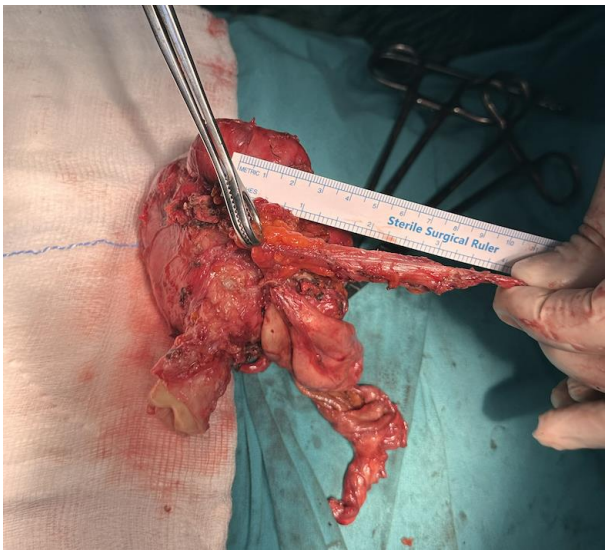
Method: The first patient, a 51 year old woman attended to our outpatient clinic with complaints of pelvic pain, dysmenorrhea, and menometrorrhagia. The vaginal examination showed normal appearance of vagina and cervix. Transvaginal ultrasound revealed multiple myomas in uterus, size of the myomas corresponded to 12 weeks. The second patient, a 49 year old woman attended to our outpatient clinic with complaints of pelvic pain and menometrorrhagia. Transvaginal ultrasound revealed adenomyotic in uterus, size of the uterus corresponded to 12 weeks and 8 cm endometrioma in right ovary. The patient was fitted with a mirena, but there was no change in her complaints. In the patient's laboratory values, ca 125 93 IU/ml and hemoglobin 7.6 g/dL were detected.Patients were scheduled for total hysterectomy. The first patient, during the operation, the abdomen was entered with a Pfannenstiel incision. Myomatous were observed in the uterus, bilateral tubes and ovaries were seen adherent to the sigmoid colon in the posterior of the uterus. The second patient, abdomen was entered laparoscopically. Adenomyotic were observed in the uterus, sıgmoıd colon and left adnex was attached to the uterus posterıor, the rıght adnex was attached to the sıde and front wall of the uterus. Both patients had endometriosis foci. General surgery was invited to both cases, and sigmoid colon was dissected posterior to the uterus. After the adhesions were separated by blunt and sharp dissection, an appearance consistent with endometrioma invasion was observed in a short segment in the rectosigmoid region.In the colon, a mass was found that extended into the lumen. Colon resection was performed where the mass was located. Distal and proximal colon anastomosis was performed. No leakage was observed during the air leak test.The first patient, a proper open hysterectomy was performed according to the procedure. The second patient underwent laparoscopıc left salpingoophorectomy, left ureter dıssectıon and vesıcovagınal fascıa dıssectıon.Sınce the rıght adnex was attached to the front and sıde walls and the manıpulatıon of the uterus was dıfficult, open surgery was performed. The abdomen was entered with a Pfannenstiel incision. A proper hysterectomy was performed according to the procedure. After bleeding control operation was concluded.

figure 1



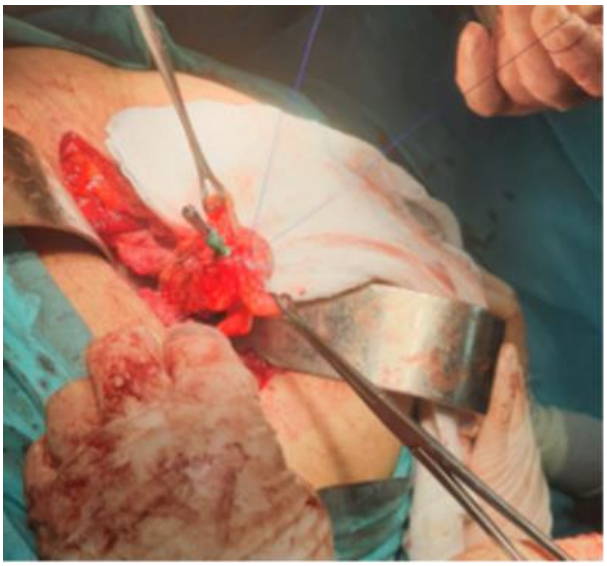
hysterectomy material of the first patient

figure 2



hysterectomy material of the second patient

figure 3



colon reanastomosis

Findings: Most women with uterine leiomyomas are asymptomatic; symptoms such as abnormal uterine bleeding, anemia, pelvic pain, and pressure symptoms occur in 30% of them. Hysterectomy is the definitive treatment for leiomyomas in patients who do not desire fertility. Although the most common reason for hysterectomy is leiomyoma, it should be considered that it may be associated with endometriosis.

Conclusion: In cases of endometriosis affecting organs other than the ovaries, as in our patients, collaboration with other branches is essential to complete the surgery. In patients with intestinal endometriosis, resection of affected bowel segment and anastomosis is widely accepted as the best approach.

Keywords: Bowel resection, endometriosis, hysterectomy, uterine myoma

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Pub No: OP-006
Presentation Type: Oral presentation

Investigation of Tissue Stiffness Changes Caused by Adenomyosis with Elastographic Ultrasonography and Their Effects on In Vitro Fertilization Treatment.

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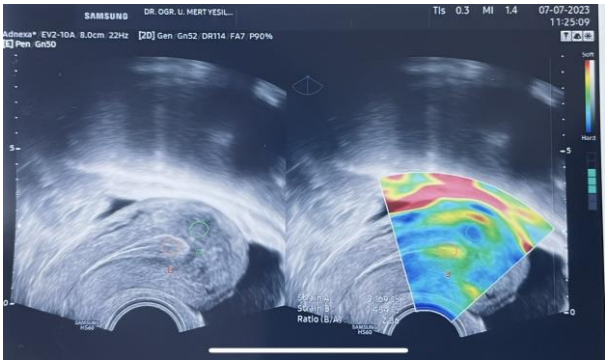
Aim: Adenomyosis is a pathology seen in women of late reproductive age and causes problems that significantly affect women's lives, such as abnormal uterine bleeding, infertility, and pelvic pain. Uteri with adenomyosis foci change in terms of tissue stiffness. Thanks to elastographic examinations, data on uterine tissue stiffness can be evaluated objectively. There are studies on the effect of adenomyosis on In Vitro Fertilization (IVF) results and its association with infertility, but there is not enough data on the effect of tissue stiffness changes observed in adenomyosis foci on In Vitro Fertilization results.

Method: Our study is a retrospective case-control study conducted on female patients with adenomyosis or healthy uterus who are undergoing IVF treatment. Patients with adenomyosis were chosen according to MUSA (morphological uterus sonographic assessment) criteria. The data was obtained from the files of patients aged 21-48 who applied to our in vitro fertilization clinic between March and December 2023. The aim of the study was to reveal the differences in strain-wave elastography between women with adenomyosis and uteri with no present pathologies, to compare the obtained strain rate values with pregnancy, and to understand whether age influences the strain rate. The data obtained were analyzed with SPSS version 22 and a p value <0.05 was considered statistically significant.

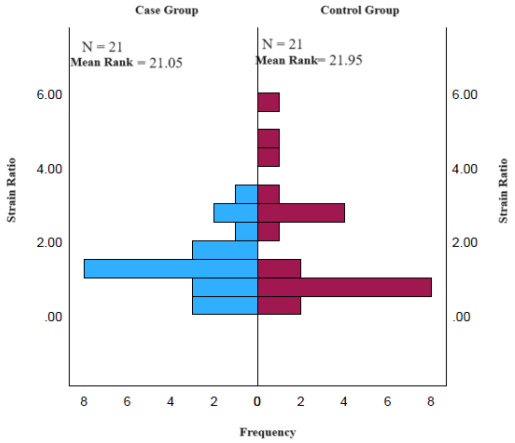
Elastographic ultrasonography on a healthy uterus.



Uterus with no additional masses screened for tissue stiffness before embryo transfer with strain-wave elastographic ultrasonography.

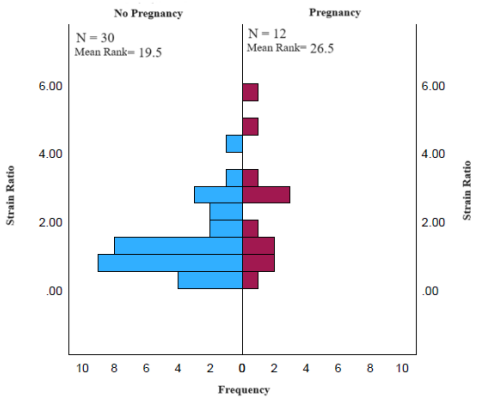
Findings: Cross-tabulation was performed with case and control group clinical pregnancy outcomes and an odds ratio (OR) of 0.625 was obtained. This value indicates that the possibility of pregnancy is lower in the presence of adenomyosis. When compared through the Mann-Whitney U test in terms of the strain rate of the adenomyosis and control groups, the p value was 0.811 and no significant difference was observed. Again, in the strain rate and pregnancy comparison made with the Mann Whitney U test, no significant difference was observed in terms of tissue stiffness between patients who achieved pregnancy and those who did not (p=0.098). Finally, the age versus strain ratio was evaluated by Pearson Correlation analysis to see if age had any confounding effects on the results, however, no correlations were found.

Strain ratio results between case and control groups.



Mean ranks of strain ratio for case and control groups were compared using Mann-Whitney U Test, showing no statistically significant difference. (p=0,811)

Strain ratio results between patients with achieved clinical pregnancy and no pregnancy.nd



Mean ranks of strain ratio for patients that achieved clinical pregnancy after embryo transfer and ones that did not were compared using Mann-Whitney U Test, showing no statistically significant difference. (p=0,098)

Age, body mass index (BMI) and strain ratio results of patients.

Age	**34.79 ± 5.7 (21–47)**
BMI (kg/m²)	**25.82 ± 3.7 (19.9-36.6)**
Strain Ratio	**1.63 ± 1.23 (0.11-5.54)**

N=42

Descriptive statistics of patients with values represented in means, standard deviation presented after '±' and minimum-maximum values presented in brackets.

Rates of pregnancy between case and control groups.

	Clinical pregnancy +	Clinical pregnancy -	Total
Adenomyosis + (Case)	5	16	21
Adenomyosis - (Control)	7	14	21
Total	12	30	42

OR = (5/16) / (7/14) = 0.625

OR of 0.625 means the odds of achieving pregnancy is less likely in the case group (with adenomyosis).

Conclusion: In the presence of adenomyosis, the probability of clinical pregnancy decreases with or without IVF treatment, there is no significant difference in terms of strain rate between the uteri with adenomyosis andin healthy ones, there is no significant difference in terms of strain rate in the uteri of patients that resulted in pregnancy and those that did not, and there is no correlation between age and strain rate. In the light of these data, elastographic examinations should only be performed with planned studies based on standardized ultrasonographic criteria in larger patient groups. Although the use of elastographic ultrasonohraphy as a differential tool before IVF treatment and in benign uterine pathologies is promising, more research is necessary to reach conclusions on its utility in the field of obstetrics and gynecology.

Keywords: Adenomyosis, Strain-wave elastography, In Vitro Fertilization, Tissue stiffness, Strain ratio

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June 6-9 2024
www.ipps2024.org

Pub No: OP-007
Presentation Type: Oral presentation

Validity and Reliability of The Turkish Version of International Consultation on Incontinence Questionnaire-Vaginal Symptoms (ICIQ-VS)

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Ergül Aslan / Istanbul University-Cerrahpaşa Florence Nightingale Faculty of Nursing

Aim: This study was planned to evaluate the Turkish validity and reliability of the International Consultation on Incontinence Questionnaire-Vaginal Symptoms (ICIQ-VS). The study was a methodological study.

Method: The study was a methodological study. The sample of the study comprised a total of 245 patients applying to Tekirdağ Namık Kemal University Health Practice and Research Center Gynecology/Urogynecology polyclinic for an examination. The English version of the scale comprising 14 questions and three sections was translated into Turkish. 12 experts evaluated the scale for content validity. In order to evaluate the validity of the Prolapse Quality of Life Scale (P-QOL) the equivalent value form validity was used. In order to evaluate the reliability the test-retest was applied two weeks after.

Findings: The Cronbach's Alpha internal consistency reliability of the scale was 0.71 for the vaginal symptoms subscale and 0.93 for the sexual matters subscale. As the quality of life subscale comprised only one question, the Cronbach's Alpha was not calculated. In the test-retest interscale correlation which was applied two weeks after, it was 0.92 for the vaginal symptoms subscale and 0.98 for the sexual matters subscale. The total-item score correlation reliability coefficients of the scale items ranged from 0.22 to 0.87.

Conclusion: As a consequence the Turkish version of the ICIQ-VS is a valid and reliable tool for evaluating vaginal symptoms in women with pelvic organ prolapsus.

Keywords: ICIQ-VS, Pelvic Organ Prolapsus, Vaginal Symptom, Quality of Life, Validity and Reliability

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Pub No: OP-008
Presentation Type: Oral presentation

Investigation of Pain Perception in Menstrual Cycle Phases of Women with Primary Dysmenorrhea

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[2]Biruni University

Miray Çelebi / Biruni University

Aim: The aim of our study is to examine the change in pain perception in women diagnosed with primary dysmenorrhea during the menstrual phase and other cycle phases.It is to evaluate whether there is catastrophizing of pain, that is, how much the person's perceived pain changes at the time of pain, by retrospective questioning in women with dysmenorrhea.At the same time, it is to examine how pain catastrophizing is related to menstrual pain intensity.

Method: 20 women with primary dysmenorrhea and 20 women without primary dysmenorrhea (age: 22.77±0.37 years) were included in the study.Socio-demographic characteristics and detailed medical history were recorded.Pain intensity perception of both women with and without primary dysmenorrhea during the menstrual cycle using the visual analogue scale; It was evaluated three times in total: in the menstrual phase (day 1), in the follicular phase (day 12), and in the luteal phase (day 20).In the study, the attitudes and behaviors of women with and without dysmenorrhea during menstruation were evaluated three times in total: in the menstrual phase (Day 1), in the Follicular phase (Day 12), and in the luteal phase (Day 20) using the Pain Catastrophizing Scale.Repeated Measures Anova test was used for analysis.

Findings: When we look at the normality distribution in this study, our data showed a normal distribution.The average menstrual pain intensity in women with Primary Dysmenorrhea is 7.18±1.35 in the menstrual phase (day 1), 6.33±1.67 in the follicular phase (day 12), and 5.28±1.95 in the luteal phase (day 20)and in women without primary dysmenorrhea is 1.83±1.68 in the menstrual phase (day1),1.85±2.04 in the follicular phase (day 12), and 1.50±1.56 in the luteal phase (day 20).The average of the Pain Catastrophizing Scale in women with Primary Dysmenorrhea is 23.70±9.81 in the menstrual phase (Day 1), 20.65±9.78 in the Follicular phase (Day 12), and 17.10±8,77 in the luteal phase (Day 20)and in women without Primary Dysmenorrhea is 13.15±5.83 in the menstrual phase (Day 1), 11.05±4.97 in the follicular phase (Day 12), and 10.55±5.09 in the luteal phase (Day 20).As a result of the analysis, a statistically significant difference was found in the Visual Analog Scale (VAS) values measured at 3 different times between the groups.A statistically significant difference was found between the groups as a result of the measurements of the pain catastrophizing scale at 3 different times.

Conclusion: Considering the results obtained from the study, more menstrual pain intensity was reported in the group with primary dysmenorrhea compared to the group without primary dysmenorrhea.In our study, it was observed that pain was catastrophized in individuals with primary dysmenorrhea.In other words, it was observed that the pain intensity and pain catastrophizing scale scores at the painful moment changed with the retrospective questioning of the person.Levels of pain catastrophizing changed significantly throughout the menstrual cycle in the primary dysmenorrhea group; It peaked on the first day of the cycle and then decreased.

Keywords: Dysmenorrhea, Pain, Physiotherapy and Rehabilitation, Women's health, Menstruation

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Pub No: OP-009
Presentation Type: Oral presentation

Abdominal wall endometriosis and extrapelvic endometriosis, clinicopathological approach, case series and review of literature

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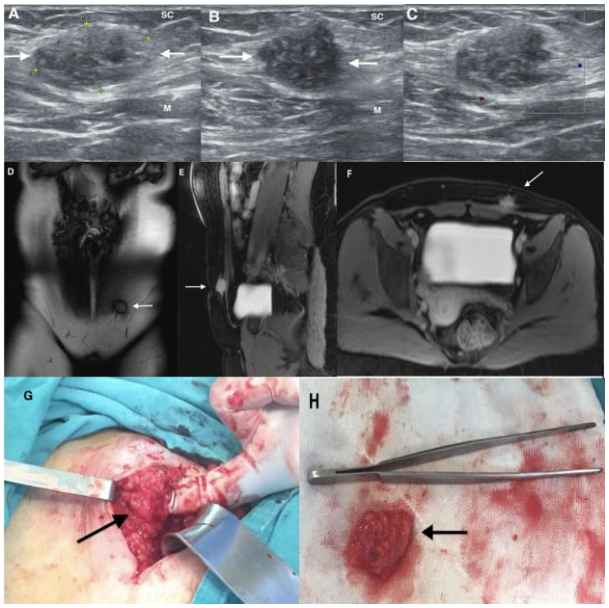
Aim: To describe the clinical features, diagnostic process, radiological imaging findings, clinicopathological approach of abdominal wall endometriosis.

Method: Twenty two patients who were diagnosed with abdominal wall endometriosis or extrapelvic endometriosis in a tertiary hospital between 2009 and 2023. Age, body mass index (BMI), parity, history of cesarean section, levels of CA-125 (cancer antigen-125), concomitant endometrioma presence, size of the lesion, radiological findings, presenting symptoms, and use of mesh after surgical resection were investigated.

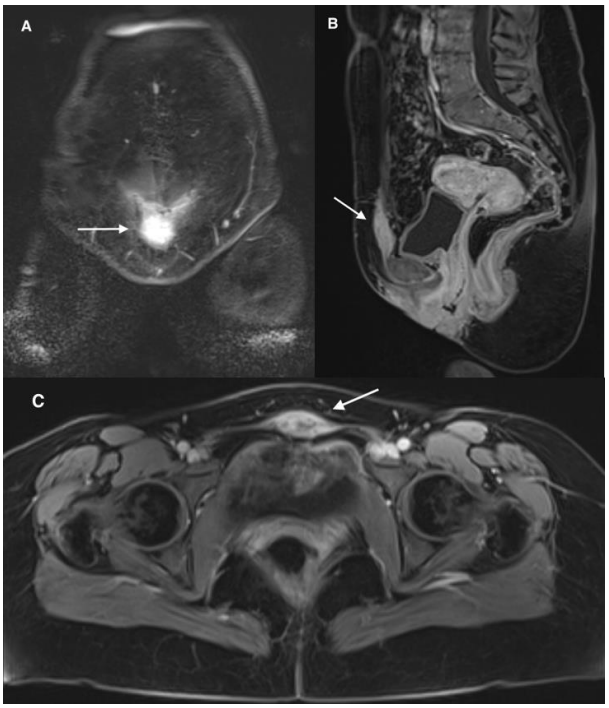
Findings: Of all patient's 80% had a history of 2 or more abdominal surgeries, including cesarean sections. 72.7% showed CA-125 positivity with a mean value of 45 U/mL. Only 9.1% had concomitant endometriomas, both being abdominal wall endometriosis cases. 90.9% were diagnosed with abdominal wall endometriosis, while 9.1% had vaginal endometriosis. Most abdominal wall cases had unilateral lesions, with a mean size of 3.3 cm. Rectus muscle invasion was seen in 30% of lesions, and fascial invasion in 45%. Symptoms of pelvic pain, swelling, and dysmenorrhea were present in 86.4% during menstruation. The mean age at diagnosis was 36.2, with 50% aged 30-39 and 36.4% aged 40 or older. The mean BMI was 26.7, 45.5% were between 25-29.9, and 18.1% were 30 and above. All abdominal wall cases had a history of at least 1 cesarean section, with 65% having 2 or more.

Abdominal wall endometriosis in a 28-year-old woman with history of one previous cesarean section, who presented with a palpable swelling along the cesarean scar line and cyclical pain and discoloration in the swelling area.



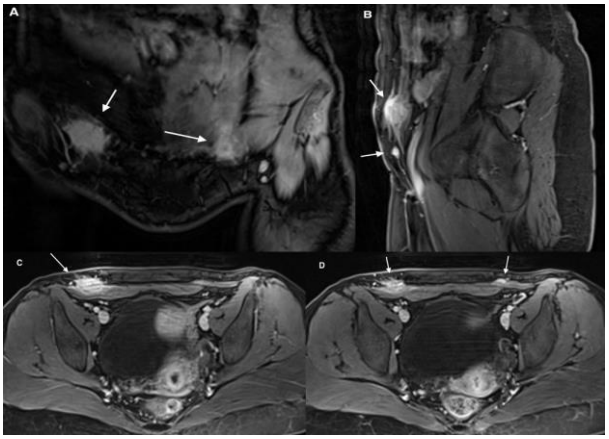
A Transverse B Longitudinal transabdominal ultrasound images showing a predominantly hypo-echogenic nodular mass (white arrows) of heterogenous appearance with ill-defined borders, located between the subcutaneous tissue (sc) and the rectus abdominis muscular plane (m) of the abdominal wall. C On the color Doppler, there is no increase in vascularity within the lesion. D Coronal T2-weighted magnetic resonance image shows the lesion, in the left corner of the cesarean scar. E Sagittal F Axial T1-weighted magnetic resonance images with fat suppression show, high intensity of lesions compared with muscle. G Wide resection of endometriotic lesion (black arrow). H Endometriotic lesion, after resection (black arrow).

Abdominal wall endometriosis in a 41-year-old woman with history of one previous cesarean section and a laparotomic (pfannenstiel incision) endometrioma excision surgery.



A Coronal T1-weighted magnetic resonance image shows the lesion, in the middle of the pfannenstiel incision scar. B Sagittal C Axial T1-weighted magnetic resonance images with fat suppression show, high intensity of lesions compared with muscle.

Abdominal wall endometriosis in a 30-year-old woman with history of 2 previous cesarean sections.



A Coronal T1-weighted magnetic resonance image shows the bilateral lesions (white arrows), in the pfannenstiel incision scar. B Sagittal C,D Axial T1-weighted magnetic resonance images with fat suppression show, hypervascular and high intensities of lesions compared with muscle.

Conclusion: Extrapelvic endometriosis and abdominal wall endometriosis should be considered in women with periodic swelling pain at the caesarean section incision line. Taking a detailed medical history and performing gynecological examination, as well as resorting to additional imaging modalities when necessary, is a process that leads clinical suspicion to a diagnosis.

Keywords: abdominal wall endometriosis, cesarean scar, endometriosis, extrapelvic endometriosis, gynecological surgery

Pub No: OP-010
Presentation Type: Oral presentation

Can Perfusion Index be used as an Objective Tool for Pain Assessment in Labor Analgesia?

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Aim: To establish a relationship between the Visual Analog Scale for pain (VAS) in the recovery time of epidural analgesia and the Perfusion Index (PI) values at that time and to test the possibility of using PI as an objective tool for pain assessment.

Method: Thirty women were included in the study. After inserting epidural catheter, the initial applicationtime of epidural analgesia was taken as 0th minute. Hemodinamics, VAS, and PIvalues were recorded at 5th, 10th, 30th, 60th minutes and every two hours until the birth and the 30th minute after the birth.

Findings: HR, SAP, DAP, PI, VAS values before the procedure were different than all follow-ups ($p<0.001$). A negative and significant correlation was found at 10th, 30th, 60th minutes and 2nd hour after drug administration from epidural catheter(rho:0.38; p:0.03, rho:0.47; p:0.009, rho:0.75; $p<0.001$, rho:0.46; p:0.009, respectively). As the pain decreased, the perfusion index increased. In 17 patients requiring additional doses, PI increased after the all medications, but a decrease was observed in the VAS values($p<0.05$).

Conclusion: In this study, it was determined that the pain decreased with epidural analgesia, perfusion index increased and the pain level increased significantly when the perfusion index started to decrease.

Keywords: Perfusion Index, Pain Assessment, Labor Analgesia

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HYATT REGENCY İSTANBUL ATAKÖY
June 6-9 2024
www.ipps2024.org

Pub No: OP-011
Presentation Type: Oral presentation

Relationship between Pelvic Floor Health Knowledge and Dyspareunia in Postpartum Women

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Aim: The aim of this study is to investigate the relationship between the perception, awareness and knowledge levels about the pelvic floor, dyspareunia, sexual functions and quality of life in postpartum women.

Method: The study was conducted between November and December 2023. 298 primiparous volunteer women who had a vaginal birth within the first postpartum year participated. The mean age of the participants in the study was 27.91±3.43 years. The sociodemographic characteristics of the individuals were evaluated by the sociodemographic information form specially created by the researchers. The level of knowledge and awareness about the pelvic floor was evaluated by the Pelvic Floor Health Knowledge Quiz, dyspareunia and sexual functions evaluated by the Carol Postpartum Sexual Function And Dyspareunia Assessment Scale and quality of life evaluated by the Nottingham Health Profile. Evaluations were conducted online, face-to-face and hybrid. "Statistical Package for Social Sciences" (SPSS) Version 29.0 statistical analysis program was used in the statistical analysis of the data. Spearman Correlation analysis was used in correlation analysis. Statistical significance level was accepted as $p<0.05$.

Findings: A statistically significant negative correlation was found between the total score of the Carol Postpartum Dyspareunia and Sexual Functions Scale and all subparameters and the total score of the Pelvic Floor Health Knowledge Quiz, which evaluates the level of knowledge and awareness of pelvic floor health ($p<0.05$).When the subparameters are examined, there was a statistically significant negative correlation between the Function/Dysfunction, Diagnosis/Treatment subparameters of the Pelvic Floor Health Knowledge Quiz and the Preparation for Sexual Activity subparameter of the Carol Postpartum Sexual Function And Dyspareunia Assessment Scale ($p<0.05$). Also a statistically significant negative correlation was found between pain or discomfort related to vaginal intercourse, another subparameter of the Carol Postpartum Sexual Function And Dyspareunia Assessment Scale, and all subparameters of the Pelvic Floor Health Knowledge Quiz ($p<0.05$) Considering the relationship between quality of life and pelvic floor knowledge and awareness, there was a statistically significant negative correlation between all sub-parameters and total score of Pelvic Floor Health Knowledge Quiz and Nottingham Health Profile pain score, Nottingham Health Profile 2nd part and total score ($p<0.05$). A negative correlation was detected between Pelvic Floor Health Knowledge Quiz subparameters which are Risk/Etiology, Diagnosis/Treatment

and energy level, sleep, social isolation and emotional reactions subparameters of the Nottingham Health Profile.

Conclusion: The level of knowledge and awareness of pelvic floor health is associated with dyspareunia and sexual dysfunction in postpartum women, and as the level of knowledge and awareness increases, dyspareunia decreases. In addition, the level of knowledge and awareness of pelvic floor health is related to the quality of life, and as the level of knowledge and awareness increases, the quality of life also increases.

Keywords: pelvic floor awareness, dyspareunia, pelvic floor health, postpartum women, sexual functions

Pub No: OP-012
Presentation Type: Oral presentation

Management of Patients with Endometriosis in a Training&Research Hospital in Istanbul, and Evaluation of the Effectiveness of Artificial Intelligence (AI) in the Statistical Analysis of Patient Data

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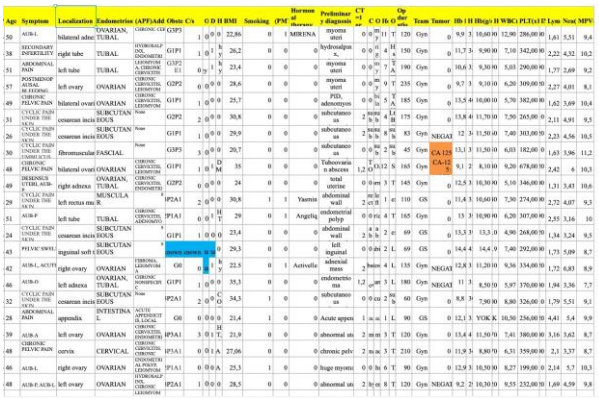
Aim: Endometriosis can manifest with various symptoms, which may include pelvic pain,dysmenorrhea,dispareunia,abnormal uterine bleeding,infertility.A thorough medical history,pelvic examination,and imaging tests such as ultrasound or MRI may help in the initial evaluation.However, the gold standard for diagnosing endometriosis is a laparoscopy.Treatment options may include NSAIDs,hormonal therapy,laparoscopic surgery and fertility treatments.In our study, we aimed to draw attention to the diagnosis and treatment of endometriosis and to test the effectiveness of artificial intelligence in the statistical evaluation process using our own data.

Method: Between March 2023 and March 2024, data of patients diagnosed with endometriosis through microscopic examination in our pathology laboratory were retrospectively reviewed.Data analysis was conducted using the Data Analyst tool generated by an artificial intelligence program called ChatGPT 4.0.Mann-Whitney U test, t-test, Chi-squared Test, and Pearson correlation coefficients were used to obtain results.

Findings: A total of 42 patient records were processed in the dataset.The average age of patients was 41.98 ± 9.11 years.Nulliparous women accounted for 4 (9.52%) of the cases,while multiparous women comprised 27 (64.29%).The most common complaints upon presentation were abnormal uterine bleeding (AUB) and chronic pelvic pain,with no reports of dyspareunia.The average preoperative hemoglobin levels (Hb) were 11.72 ± 1.58 g/dL,postoperative Hb was 10.12 ± 1.29 g/dL,and the mean operation duration was 190.57 ± 50.59 minutes. Preoperative gynecological examination,ultrasound (US),and magnetic resonance imaging (MRI)were used to diagnose endometriomas (7),uterine myomas (7),adnexal masses (3),and other conditions. The localization of endometriosis was determined through pathological examination (see Table 1). Extragenital endometriosis was found in subcutaneous tissue, cesarean scar incisions (10),and appendectomy specimens(3).Subsequently, the patients were divided into Group 1 (7)with endometriomas (OMA) and Group 2 (35) non-OMA.Both groups were statistically evaluated in terms of age,Hb,platelet count,leukocyte count,neutrophil count,lymphocyte count,mean platelet volume,platelet/lymphocyte ratio, and neutrophil/lymphocyte ratio(see Table 2).These results suggest that none of the parameters exhibit statistically significant differences between the two groups.Tumor markers (CA 125, CA 19-9, CA 15-3, CEA) were examined in 13 patients.Among the patients in Group 1,two patients had elevated levels of CA 125 (187 and 86)and CA 19-9(164 and 49),respectively),while 3 were negative,and 2 were not tested.The list of patients with elevated tumor markers is provided in Table 3 below.As further evaluation,MRI

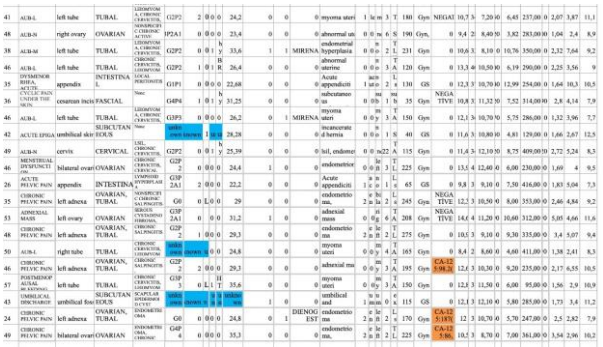
was performed 14 times.Chi-squared test p-value(0.291) suggests that there is no statistically significant difference in the distribution of endometriosis types between smokers(8) and non-smokers(34).The p-value of 0.367 indicates that there is no statistically significant difference in the distribution of BMI categories across different types of endometriosis.The Pearson correlation coefficients between BMI and the preoperative and postoperative levels of Hb and hematocrit (Hct) shows BMI alone is not a strong predictor of these levels in this context. Among the preoperative hormonal therapy methods for 7 patients, Mirena was the most commonly applied, with 3 cases. According to the pathology results, leiomyoma was most commonly associated with endometriosis. In all patients diagnosed with subcutaneous endometrioma, there was a history of cesarean section.

Figure 1



Excel spreadsheet (part 1)

Figure 2



Excel spreadsheet (part 2)

Figure 3

Age	Symptom	Preliminary diagnosis	OB-GYN US findings	CA 125	CA 19-9	CA 15-3	MR Findings
30	CYCLIC PAIN	subcutaneous endometrioma	subcutaneous endometrioma	70.7	None	None	None
48	CHRONIC PELVIC PAIN	Tuboovarian abscess	TOA	145	30.9	None	TOA
46	CHRONIC PELVIC PAIN	Endometrioma	myoma uteri,left ovarian cyst	98.2	40.3	32	None
24	CHRONIC PELVIC PAIN	Endometrioma	left ovarian endometrioma	187	164	None	endometrioma
49	CHRONIC PELVIC PAIN	Endometrioma	left ovarian endometrioma	86	49	None	endometrioma

Patients with elevated tumor marker levels

Table 1

Parameters	Group 1	Group 2	*p-value*
Age	42.29±9.36	41.91±9.20	N/A
Hb	11.40 ± 1.50	11.78 ± 1.61	0.557
PLT	304.00 ± 64.39	305.26 ± 96.50	0.946
WBC	7.36 ± 1.61	7.41 ± 2.24	N/A
Neu	3.95 ± 0.92	4.51 ± 1.63	0.438
Lym	2.46 ± 0.76	2.13 ± 0.81	0.200
MPV	9.10 ± 0.95	9.64 ± 1.20	0.217
PLR	129.56 ± 33.43	156.92 ± 62.90	0.117
NLR	1.75 ± 0.66	2.29 ± 1.00	0.160

Comparison of OMA and non-OMA groups

Conclusion: Endometriosis, due to its impact on women's quality of life, can incur significant costs to a country's healthcare system. Its treatment should be multidisciplinary.

Keywords: endometriosis, artificial intelligence, treatment and management, quality of life

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June 6-9 2024
www.ipps2024.org

Pub No: OP-013
Presentation Type: Oral presentation

Evaluation of The Data of Patients Operated for Endometrioma in Our Clinic

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Aim: The aim of our study was to evaluate the relationship between endometrioma and malignant transformation of endometrioma by evaluating the MR findings, ultrasound findings, ca-125 and ca-19.9 values, and the time from diagnosis to operation.

Method: The data of 140 patients who were operated due to endometrioma in Ankara Etlik City Hospital Gynaecology and Obstetrics Clinic between January 2023 and April 2024 were retrospectively analysed. Preoperative MR findings, ultrasound findings, ca-125, ca-19.9 values, endometrioma diagnoses, time from endometrioma diagnosis to operation and pathology reports of the patients were evaluated. Statistical analysis of the data was performed with SPSS 26.0 and 95% confidence level was used. Patients were divided into two groups according to pathological contrast uptake on MRI and Mann-Whitney U test, which is a non-parametric test technique, was applied in the analysis since the group with contrast uptake was n<30. Patients were divided into two groups according to benign-malignant pathological results and Mann-Whitney U test, which is a non-parametric test technique, was applied in the analysis since n<30 in the malignant group. The chi-squre test was used to compare the benign-malignant relationship between pathological contrast uptake on MRI and pathology result.

Findings: When we divided the patients into two groups according to pathological contrast uptake on MRI, there were 114 patients without contrast uptake and 26 patients with pathological contrast uptake. CA 125 values were 149±37.7 and 804±143.7, respectively and there was a significant difference between them (p=0.016). CA 19-9 values were 35.8±5 and 278±56.4, respectively, and the difference between them was significant (p=0.037). The mean duration of diagnosis was 8.2±6.4 and 10.5±6.2 months, respectively, and the difference between them was statistically significant (p=0.021). The mean cyst size values measured by USG were 61.2±23.1 and 65.4±22 mm, respectively, and the difference between them was not statistically significant (p=0.352). When we divided the patients as benign and malignant according to the pathological results, there were 133 patients in the benign group and 7 patients in the malignant group. CA 125 values were 187±64.7 and 1856±106.7, respectively, with a significant difference (p=0.003). CA 19-9 values were 57.8±19.3 and 518±72.8, respectively, and the difference between them was significant (p=0.022). The mean duration of diagnosis was 8.7±6.5 and 7.8±4.6 months, respectively, and the difference between them was not statistically significant (p=0.935). The mean cyst size values measured on USG were 61.8±23.1 and 64.2±19.7 mm, respectively, and the difference between them was not statistically significant (p=0.706). There was a statistically significant correlation between pathological contrast uptake on MRI and malignant pathology result (p=0.007).

Comparison of Groups According To MRI Results

	Group 1	Group 2	P value
Number of patients	114	26	-
Age	34±9,1	37,2±8,2	p=0,016
CA-125	149±37,7	804±143,7	p=0,016
CA 19-9	35,8±5	278±56,4	p=0,037
Duration of diagnosis(month)	8,2±6,4	10,5±6,2	p=0,021
Size(ultrasound)mm	61,2±23,1	65,4±22	p=0,352

Group 1 : No pathological contrast uptake on MRI

Group 2: Pathological contrast uptake on MRI

Comparison of Groups According to Pathology Results

	Group 1	Group 2	P value
Number of patients	133	7	-
Age	36,6±8,3	36,1±11	p=0,734
CA-125	187±64,7	1856±106,7	p=0,003
CA 19-9	57,8±19,3	518±72,8	p=0,022
Duration of diagnosis (month)	8,7±6,5	7,8±4,6	p=0,935
Size(ultrasound)mm	61,8±23,1	64,2±19,7	p=0,706

Group 1 : Patients with benign pathological results

Group 2 : Patients with malignant pathological results

Conclusion: MRI contrast uptake, ca-125, ca19-9 levels can be shown among the factors indicating malignant transformation in the background of endometrioma. The size of the cyst

on ultrasound was not an effective parameter in predicting contrast uptake and malignant transformation on MR. It can be concluded that short follow-up periods between the time of diagnosis and operation do not carry a risk for malignant transformation.

Keywords: endometrioma, malignant transformation, MRI, Ca-125, Ca 19-9

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June 6-9 2024
www.ipps2024.org

Pub No: OP-014
Presentation Type: Oral presentation

Pelvic Floor Exercises are an Alternative in the Treatment of Male Patients Experiencing Pelvic Pain; Preliminary Results

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Aim: To examine the results of pelvic floor physiotherapy in male patients experiencing pelvic pain.

Method: The data of 3 patients who underwent pelvic floor physiotherapy due to pelvic pain in 2023 were retrospectively examined. Patients were evaluated with the Patient Assessment of Constipation Quality of Life Questtionnaire (PAC-QOL), the National Institutes of Health-Chronic Prostatitis Symptom Index (NIH-CPSI) and the International Index of Erectile Function (IIEF). Muscle activity at rest and during contraction were evaluated by superficial EMG with rectal probe. The evaluations were made before and after the treatment and the findings were recorded instantly in the data tracking file. Patients were enrolled in a 1-hour physiotherapy program that lasted a total of 8 sessions, including breathing exercises, pelvic floor relaxation exercises and internal anal manual applications, 1 day a week.

Findings: The ages of the 3 patients included in the study were 22, 24 and 34. The main reasons of admission of the patients were sexual dysfunction, anal pain and defecation disorder, respectively. An average improvement of %50,5 was observed in the PAC-QOL scores after treatment. There was %61,9 improvement in pain score, %66,6 improvement in urination score and %52,8 improvement in quality of life score in NIH-CPSI sub-parameters after treatment. Erectile function (31.7%), sexual satisfaction (42.35%) and general satisfaction (40%) improved in the sub-parameters of the IIEF in 2 patients, while there was no improvement in the parameters of organic function and sexual desire. In 1 patient, there was no improvement in sexual function. The initial EMG values of the patients were high at rest and during contraction, and there was a decrease especially in resting EMG values, after treatment.

Conclusion: The effect of pelvic floor physiotherapy on female patients experiencing pelvic pain is indisputable. Pelvic floor physiotherapy has also provided positive results in male patients. Comprehensive and prospective randomized studies are needed.

Keywords: pelvic pain, men's health, pelvic floor physiotherapy, defecation disorders, chronic prostatitis

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June 6-9 2024
www.ipps2024.org

Pub No: OP-015
Presentation Type: Oral presentation

Maintaining Pelvic Floor Health During Pregnancy and Postpartum

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Aim: Women's ability to live a healthy life is closely linked to protecting and improving their pelvic health. The pelvic area includes the reproductive organs, urinary tract, and digestive system. Therefore, maintaining pelvic health has a huge impact on women's health. This article aims to provide information about the importance, protection and preventive practices of pelvic health in women during pregnancy and postpartum.

Method: Current literature has been compiled during pregnancy and postpartum to protect pelvic floor health.

Findings: The pelvic floor is a structure consisting of muscles, ligaments and connective tissues in women. This structure protects, supports and surrounds the organs. It affects the functioning of organs. The uterus, located in the pelvic area, is closely associated with the bladder and intestines. It is known that the incidence rates of pelvic floor dysfunctions (PFD) during pregnancy are the same in primigravida and multigravida women. I. Urinary incontinence, which occurs or increases in the last stages of pregnancy, occurs due to the fetal head descending. Stress urinary incontinence is the most common type in pregnant women. Prolapses and fetal incontinence are less common.It is reported that PFD is caused by the second stage of labor lasting more than an hour, occiput posterior presentation of the fetus, invasive births, and birth-related anal sphincter injuries. This phase is generally a period in which the symptoms of pelvic floor dysfunction decrease considerably. With the absence of fetal pressure and the hormonal balance returning to pre-pregnancy, many incontinence complaints decrease during this period. However, it is very important to evaluate pelvic floor functions because it will affect the woman throughout her life and increase complaints in the next pregnancy. Providing the necessary treatment and implementing preventive interventions after the evaluation is directly related to making the woman live more comfortably for the rest of her life and having a quality age.Preventive strategies include lifestyle interventions, behavioral training, urinary incontinence devices, pharmaceutical devices and surgical interventions. In conservative treatments, restoring the Body Mass Index to the normal range, treating cough, osteoporosis and arthritis, and quitting smoking are recommended. It is recommended to continue these practices after birth and start kegel exercises as pelvic floor muscle exercises and to gain muscle strength, coordination and postural posture with breathing and pilates muscle exercises in the long term. Kegel exercises should be continued after birth, especially starting kegel exercises immediately after birth is very effective in preventing urinary incontinence.

Conclusion: It is especially the duty of nurses and midwives to closely monitor women's health during pregnancy and puerperium and to provide information, education and consultancy to protect the health of the pelvic floor. They should improve themselves in diagnosing pelvic floor dysfunctions, mastering treatment methods, and conservative treatment and preventive measures. They should provide evidence-based pelvic floor health training to protect women's health, starting from the preconception period to the postpartum period.

Keywords: Pelvic floor health, pregnancy, postpartum, nursing, midwifery

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June 6-9 2024
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Pub No: OP-016
Presentation Type: Oral presentation

The Effects of Pilates Exercises Combined with Breathing Techniques on Pain, Sleep Quality, Stress Level, Posture, and Quality of Life in Patients with Chronic Pelvic Pain

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Aim: Chronic Pelvic Pain (CPP) is a pain felt in the lower abdomen and pelvis region persisting for more than 6 months continuously or intermittently. Untreated pain has a negative impact on the individual's mood, interaction with the environment, and overall quality of life.The purpose of this study is to investigate the effects of pilates exercises combined with breathing techniques on sleep quality, posture, stress, and quality of life in individuals with CPP.

Method: The research included 30 voluntary subjects (mean age: 30.2±10.89) diagnosed with Chronic Pelvic Pain (CPP). Among these participants, 28 reported "1-3 mild pain" and 2 reported "4-6 moderate pain". Prior to commencing the study and upon its conclusion, all participants underwent assessments utilizing the Visual Analog Scale (VAS), Pittsburgh Sleep Quality Index (PSQI), Perceived Stress Scale (PSS), and the New York Posture Assessment Test. Additionally, participants were applied to clinical Pilates exercise regimen integrated with breathing techniques, facilitated by a research physiotherapist, over a span of two weeks (with sessions occurring twice a week).

Findings: According to the results of the before-after analysis, there was no statistically significant difference in pain, sleep quality, quality of life and posture stress values ($p>0.05$). However, the mean values of sleep quality, quality of life and posture parameters improved and pain decreased.

Conclusion: Based on the study findings, clinical Pilates exercise protocol combined with breathing techniques, may have the potential beneficial effects on well-being and physical discomfort among individuals with CPP, despite the absence of statistically significant differences. Further investigations with larger sample sizes and longer intervention periods are warranted to elucidate the potential efficacy of this intervention in managing CPP and enhancing overall health outcomes.

Keywords: chronic pelvic pain, quality of life, posture, sleep quality, pilates

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June 6-9 2024
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Pub No: OP-017
Presentation Type: Oral presentation

Turkish version of the Endometriosis Self-Assessment Tool: A psychometric study

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[2]Health Sciences University Zeynep Kamil Women and Childrens Diseases Training and Research Hospital

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Aim: The aim of this study was to adapt the Endometriosis Self-Assessment Tool (ESAT) into Turkish and review its validity and reliability.

Method: This methodological study comprised of 420 women (210 women with endometriosis and 210 healthy women). For the adaptation of the ESAT into Turkish, its translation into the Turkish language and its cultural adaptation were performed. Then, its psychometric properties were evaluated by exploratory factor analysis and confirmatory factor analysis.

Findings: The ESAT consists of 21 items and four subscale. Following the exploratory factor analysis, the three items in the scale were discarded because factor loads were less than 0.50, therefore, the number of items decreased from 21 to 18. It was determined that these 18 items were collected in 3 subscale. In the confirmatory factor analysis, the goodness-of-fit indices of the scale were found to be suitable. The intraclass correlation coefficient of test–retest reliability was .99, and Cronbach's alpha coefficient was .92.

Conclusion: The Turkish version of the ESAT is a valid and reliable instrument that can be used to measure women's risk of endometriosis by distinguishing between normal and pathological menstruation-related symptoms.

Keywords: endometriosis, reliability, validity

2024 International Pelvic Pain Societies (IPPS & Convergences PP & ESSIC) Meeting and 3rd Congress of Society of Pelvic Pain and Endometriosis
HYATT REGENCY İSTANBUL ATAKÖY
June 6-9 2024
www.ipps2024.org

Pub No: OP-018
Presentation Type: Oral presentation

ENDOMETRIOSIS IS A WOMEN'S HEALTH PROBLEM AT ALL AGES

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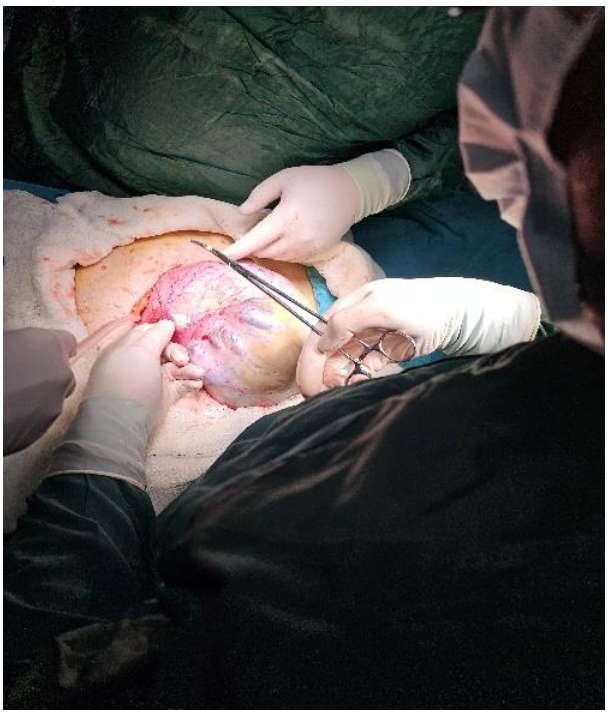
Aim: Endometriosis is a prevalent chronic inflammatory gynecologic disorder characterized by the presence of endometrial-like tissue, including endometrial glands and stroma,outside the confines of the uterine cavity.Although a lot of theories have been presented to explain the cause of endometriosis,there is still an absence of theory that can explain all pathological physiological aspects of endometriosis.The prevalence of endometriosis is around 6–10%,of which only 2–5% is diagnosed after the menopause.So far,there have only been few studies on postmenopausal endometriosis.We presented a postmenopausal female with a giant ovarian mass as a rare case report.

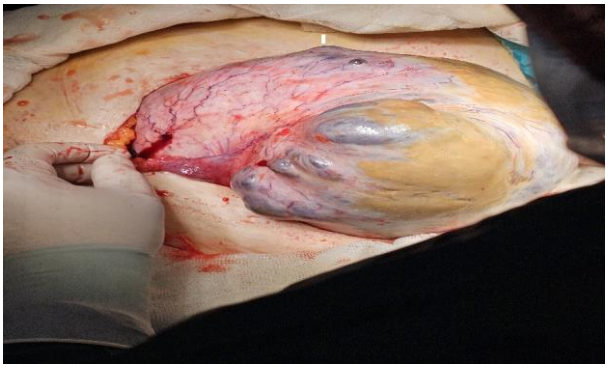
Method: A 63-year-old postmenopausal female visited the hospital with a bump in her abdomen accompanied by mild pain that had been there for 5 months.She had only kidney surgery history in the past.During a physical examination,an abdominal mass was discovered.In addition,the patient had respiratory distress when sitting and getting up due to mass pressure.A transvaginal ultrasound (TVUS) was performed,revealing a mass in the abdominopelvic region.The mass had septations,appeared cystic (no solid areas) and originated from the left adnexal region.The estimated size was 21.0 x 17.5 x 15 cm,free fluid or accites was not detected.The right ovary was normal.Tumor marker levels were the following: CA-125:76 kU/L(H),CA 19-9: 192 U/Ml(H).The patient underwent a total abdominal hysterectomy(TAH)with bilateral salpingo-oophorectomy(BSO),which revealed a large cystic mass in the left adnexal region adhered to the colonic ans.No ascites were found.The mass was removed from the colonic ans by sharp and blunt dissections from the posterior side. During the dissection,the cystic capsule ruptured,releasing about 4L fluid with a chocolate-like appearance.The characteristics of the mass were consistent with an endometriosis. The left infundilopelvic and rotundum ligaments were inflamated,hydropic and thickened.Firstly left unilateral salpingooophorectomy(USO)was performed and the mass was sent to frozen section for preliminary diagnosis.According to first histopathological examination confirmed that the cyst was not malign.Total abdominal hysterectomy(TAH)with bilateral salpingo-oophorectomy(BSO)was performed without any complications related to the operation.The patient was discharged a satisfactory postoperative recovery without any complications related to the surgery.The exact histopathological examination resulted in borderline ovarian seromucinous tumor(BSMT).

The appearance of ovarian mass in surgery-1



The appearance of ovarian mass in surgery-1

The appearance of ovarian mass in surgery-2

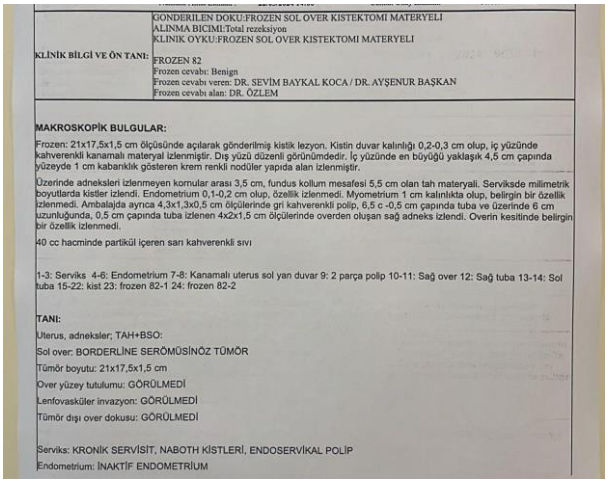


The appearance of ovarian mass in surgery-2

Findings: Most of the endometriomas are usually less than 6cm in diameter.However,the presence of larger endometriomas exceeding 10cm,often referred to as giant endometriomas,is rare and can present diagnostic challenges for clinicians.Additionally, postmenopausal endometriosis is rare.Our preliminary diagnosis was endometriosis due to chocolate-like appearance.However the exact histopathological examination resulted in BSMT.Borderline ovarian seromucinous tumor(BSMT)is a papillary neoplasm composed of an admixture of Müllerian type epithelia,lacking confluent or destructive invasion.Its benign counterparts,namely seromucous cystadenoma and seromucinous cystadenofibroma,are rare,while its malignant counterpart is classified as a variant of endometrioid carcinoma in the fifth edition published in 2020.BSMT is often associated with endometriosis. Although various

clinical, pathological, and molecular features of BSMT were elucidated,studies focusing on its clinicopathological features with a large number of cases treated at a single institution are few because of its relatively rare occurrence.

THE RESULT OF HISTOPATHOLOGICAL EXAMINATION



KLİNİK BİLGİ VE ÖN TANI:	GÖNDERİLEN DOKU:FROZEN SOL OVER KISTEKTOMİ MATERYELİ ALINMA BİCİMİ:Total rezeksiyon KLİNİK OYKU:FROZEN SOL OVER KISTEKTOMI MATERYELI FROZEN 82 Frozen cevabı: Benign Frozen cevabı veren: DR. SEVİM BAYKAL KOCA / DR. AYŞENUR BAŞKAN Frozen cevabı alan: DR. ÖZLEM

MAKROSKOPİK BULGULAR:

Frozen: 21x17,5x1,5 cm ölçüsünde açılarak gönderilmiş kistik lezyon. Kistin duvar kalınlığı 0,2-0,3 cm olup, iç yüzünde kahverenkli kanamalı materyal izlenmiştir. Dış yüzü düzenli görünümdedir. İç yüzünde en büyüğü yaklaşık 4,5 cm çapında yüzeyde 1 cm kabarıklık gösteren krem renkli nodüler yapıda alan izlenmiştir.

Üzerinde adneksleri izlenmeyen kornular arası 3,5 cm, fundus kollum mesafesi 5,5 cm olan tah materyali. Serviksde milimetrik boyutlarda kistler izlendi. Endometrium 0,1-0,2 cm olup, özellik izlenmedi. Myometrium 1 cm kalınlıkta olup, belirgin bir özellik izlenmedi. Ambalajda ayrıca 4,3x1,3x0,5 cm ölçülerinde gri kahverenkli polip, 6,5 c -0,5 cm çapında tuba ve üzerinde 6 cm uzunluğunda, 0,5 cm çapında tuba izlenen 4x2x1,5 cm ölçülerinde overden oluşan sağ adneks izlendi. Overin kesitinde belirgin bir özellik izlenmedi.

40 cc hacminde partikül içeren sarı kahverenkli sıvı

1-3: Serviks 4-6: Endometrium 7-8: Kanamalı uterus sol yan duvar 9: 2 parça polip 10-11: Sağ over 12: Sağ tuba 13-14: Sol tuba 15-22: kist 23: frozen 82-1 24: frozen 82-2

TANI:

Uterus, adneksler; TAH+BSO:

Sol over: BORDERLİNE SERÖMÜSİNÖZ TÜMÖR

Tümör boyutu: 21x17,5x1,5 cm

Over yüzey tutulumu: GÖRÜLMEDİ

Lenfovasküler invazyon: GÖRÜLMEDİ

Tümör dışı over dokusu: GÖRÜLMEDİ

Serviks: KRONİK SERVİSİT, NABOTH KİSTLERİ, ENDOSERVİKAL POLİP

Endometrium: İNAKTİF ENDOMETRİUM

THE RESULT OF HISTOPATHOLOGICAL EXAMINATION

Conclusion: Ovarian masses are important in postmenopausal patients,the structure of the cyst should be evaluated by pathological examination both during and after surgery,the pathology result is essential.The correct diagnosis is important in prognosis and treatment.

Keywords: endometriosis, postmenopause, female, ovarian mass, borderline ovarian seromucinous tumor

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HYATT REGENCY İSTANBUL ATAKÖY
June 6-9 2024
www.ipps2024.org

Pub No: OP-019
Presentation Type: Oral presentation

Coexistence of unilateral dermoid cyst with bilateral endometrioma

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Aim: The simultaneous presence of dermoid cyst with endometrioma has been rarely reported in the literature. With this case presentation, we aimed to emphasize that unilateral dermoid cyst can be concurrently observed with bilateral endometrioma.

Method: A 26-year-old virigo patient presenting to the emergency department with right lower quadrant pain was examined, revealing the presence of one 37x29 mm-sized endometrioma in the right ovary and 1-3 endometriomas with the largest measuring 55x44 mm in the left ovary on ultrasound. Additionally, a dermoid cyst measuring 35x23 mm in size was reported to be observed in the left ovary. In the gynecology outpatient clinic, tumor markers were examined, revealing Ca 19-9 levels of 58.9 U/ml and Ca 125 levels of 43.6 U/ml. On pelvic magnetic resonance imaging, endometrioma-like appearances measuring approximately 39x56 mm were observed in the left ovarian fossa, while endometrioma-like appearances measuring 36x26 mm were detected in the right ovarian fossa. The patient, despite being advised to take Dienogest 2 mg once daily for the pain, opted for surgery due to their preference not to take medication.

Findings: During the operation, approximately a 5 cm endometrioma and dermoid cyst were detected in the left ovary and completely excised. A 4 cm endometrioma was also detected in the right ovary and completely excised. The pathology report of the patient indicated a mature cystic teratoma and endometrioma in the left ovary, and endometrioma in the right ovary. The macroscopic view of the dermoid cyst of the patient and pathology slide images can be seen in Figures 1, 2 and 3.

Microscopic appearance of left ovarian teratome

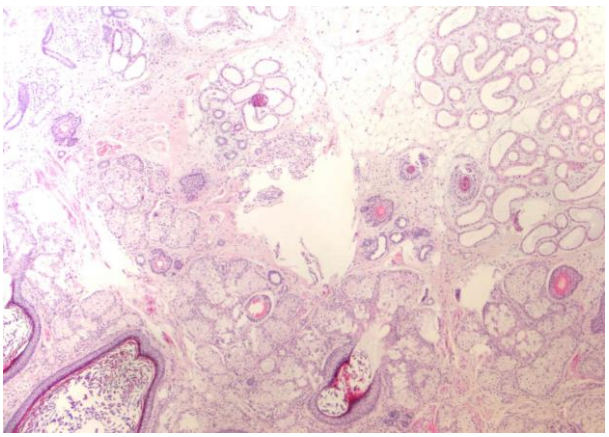

Figure I

Microscopic appearance of left ovarian endometrioma

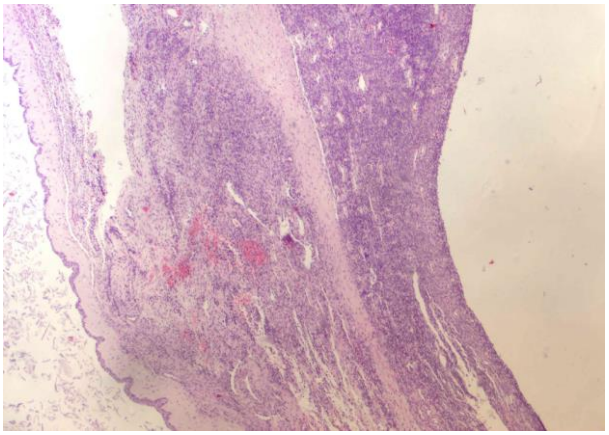

Figure II

Macroscopic appearance of left ovarian teratome

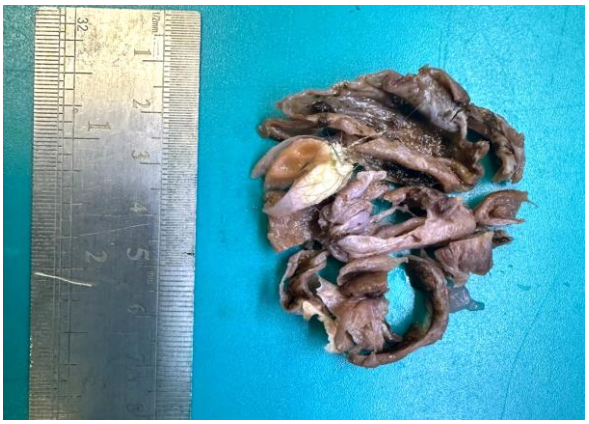

Figure III

Conclusion: Matalliotakis et al. conducted a survey of dermoid cyst and endometrioma cases, detecting endometrioma in 5 cases within the dermoid cyst group. In the endometrioma group, they detected dermoid cyst in 2 cases. However, it was not specified which ovary the dermoid cyst was located in, and whether the endometriomas were unilateral or bilateral. According to our current knowledge, our case is the sixth reported instance where endometrioma and dermoid cyst were simultaneously observed in the same patient, and it is the first reported case where the presence of dermoid cyst coincides with bilateral endometriomas. When transvaginal ultrasonography results in bilateral ovarian cysts, obstetricians and gynecologists should be aware that dermoid cysts and endometriomas might coexist silently. An expert surgeon must do laparoscopic surgery carefully to preserve ovarian reserve.

Keywords: dermoid cyst, endometrioma, coexistence of the ovarian cyst

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June 6-9 2024
www.ipps2024.org

Pub No: OP-020
Presentation Type: Oral presentation

Is there a relationship between attitudes towards infertility and stigma tendency?

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Rojjin Mamuk / Eastern Mediterranean University, Faculty of Health Sciences, Nursing Department

Aim: This study aimed to investigate the relationship between stigma tendencies and attitudes towards infertility.

Method: This descriptive, relational/cross-sectional and online based study was conducted with a total of 423 individual who were living in Northern Cyprus. Data were collected using a personal information form, the Attitude Toward Infertility Scale (ATIS), and the Stigma Scale (SS). Nonparametric tests were used in analyses. Scale scores were compared according to sociodemographic characteristics using Mann-Whitney U test if the independent variable had two categories and Kruskal-Wallis H test was used if there were three or more categories. Spearman's correlation analysis and simple linear regression analysis test was used to analyze the association between scales scores. The statistical significance was accepted as $p<0.05$.

Findings: Results showed that 59.6% of the participants were between the ages of 18-30, 68.6% were women, 55.1% were single, 47.3% were higher education graduates, 71.4% live in the city, 61% 7 of them consisted of individuals raised in nuclear families. The participants' mean SS and ATIS scores were 47,19±6,10 (min:32/max:60) and 52,25±11,75 (min:22/max:60) respectively. SS and ATIS scores were negatively associated in linear regression analysis (β=-0,896 ; $p<0,05$) and correlation analysis ($p<0,000$).

Conclusion: The results of this study showed that participants' stigma tendencies were low and their attitudes towards infertility were quite positive. There was a negative relationship between stigma tendency and attitudes towards infertility.

Keywords: Attitude, infertility, relationship, stigma

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Pub No: OP-021
Presentation Type: Oral presentation

PELVIC FLOOR DISTRESS IN WOMEN LIVING IN TURKEY AND ITS INVESTIGATION IN TERMS OF DIFFERENT VARIABLES: A DESCRIPTIVE RESEARCH

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[1]University of Health Sciences, Hamidiye Faculty of Health Sciences, Midwifery Department, [2]Non-institutional Freelance Midwife,

Işılay Çelik / University of Health Sciences, Hamidiye Faculty of Health Sciences, Midwifery Department,

Aim: The research was planned to examine the pelvic floor distress level and pelvic floor distress interms of different variables in women living in Turkey.

Method: The research sample, planned as a descriptive type, consisted of 246 women aged 18 andover who agreed to participate in the research and did not have a psychiatric disorder between Apriland May 2024. Data were collected online using the "Women's Information Form" and "Pelvic FloorDistress Scale (PFDS)". IBM SPSS Statistics 25.0 package program was used to analyze the data. Datawere analyzed by number, percentage, mean, standard deviation, Mann-Whitney U, Kruskal Wallis H.$p<0.05$ was considered significant.

Findings: Majority of women participating in the study (52.8%) are in the 31-40 age group and (75.1%)are secondary school graduates. The average BMI of the women participating in the study is24.50±4.48. Majority of women are married (96.3%), sexually active (91.5%) and living in theMarmara Region (38.2%). Majority of women had one birth (76.8%), and majority of births (60.2%)were delivered by cesarean section. Majority of women (76.2%) had their babies weighing between2501-3599 kg. Pelvic Organ Prolapse Distress mean scale score, which is one of the PFDS sub-dimensions of women, is 4.29±3.97, Colorectal-anal Distress mean scale score is 13.47±10.41,Urinary Distress mean scale score is 4.97±4.51 and PFDS total average score was found to be22.74±16.56. Chronic constipation ($p<.000$), urinary tract infection ($p<.050$), use of devices such asforceps or vacuum during vaginal birth ($p<.050$) were determined to differentiate PFDS.

Conclusion: It was determined that the women participating in the study hadlow pelvic floor distress levels, in the normal weight category, and factors such as chronicconstipation, urinary tract infection and instrumental birth differentiated pelvic floor distress. It isthought that conducting studies with larger sample groups and evaluating PFDS in terms of differentvariables will be important in protecting and improving pelvic floor health in women.

Keywords: Pelvic floor distress, urinary incontinence, pelvic organ prolapse, colorectal-anal distress

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HYATT REGENCY İSTANBUL ATAKÖY
June 6-9 2024
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Pub No: OP-022
Presentation Type: Oral presentation

İncidentally detected vaginal endometriosis: A case report

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İlknur Merve Ayazoğlu / Recep Tayyip Erdoğan University, Faculty of Medicine, Department of Gynecology and Obstetrics,

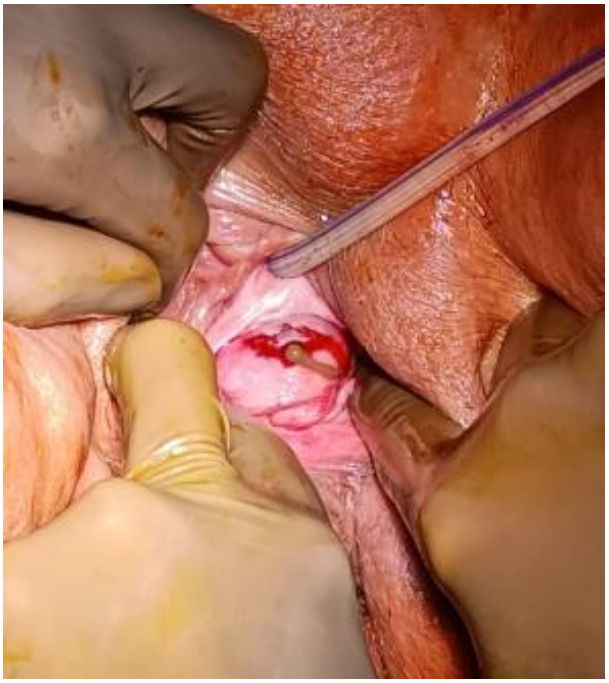
Aim: Purpose: Endometriosis is seen in 10-15% of women in the reproductive age although it is most commonly seen in pelvic peritoneum, ovary and tuba it may occur many other places like lungs, heart, brain, eye, incision scar, etc. we aim to present an endometriosis case which diagnosed on a incidentally discovered vaginal mass.

Method: Case: A 49-year-old multiparous patient with normal vaginal births applied to the clinic with the complaint of abnormal uterine bleeding. On vaginal examination, there was an approximately 2 cm smooth-edged, hard, non-mobile, painless mass on the right side wall of the vagina. The cervix looked natural. In transvaginal ultrasonography, bilateral ovaries appeared normal and the uterus appeared adenomyotic. An area compatible with a 15 mm hyperechoic polyp was observed in the endometrium. Saline infusion sonography confirmed the polyp hence hysteroscopic polypectomy and excision of the mass in the vaginal wall were planned. The patient's operation was started after the necessary preparations were done. Polyp excision and mass excision on the side vaginal wall were performed. During excision, chocolate-colored content attracted attention (Picture-1) The patient, who had no problems during postoperative follow-up, was discharged with planned outpatient clinical follow up. Pathology report was concluded as endometrial polyp in the uterine cavity and the mass excised from the vaginal side wall was reported as endometriosis.

Findings: Discussion: The classic definition of endometriosis is the existence of endomerial tissue outside the uterus. Its etiology is not fully understood and various mechanisms have been suggested. Sampson and his colleagues suggested that the menstrual endometrium migrates retrogradely through the fallopian tubes and implants on the peritoneal surfaces. An alternative hypothesis is that peritoneum derived from coelomic epithelium undergoes metaplasia to differentiate into endometriotic foci within the peritoneal cells. Proponents of another hypothesis hold that disease from the endometrial area extends through the vessels or lymphatics to the pelvic or other distant body parts. Pelvic endometriosis, which can involve the pelvic peritoneal surfaces, rectovaginal spaces, or ovaries, is thought to occur primarily through retrograde menstruation and accounts for the vast majority of all endometriosis cases. Endometriosis can be seen on the skin and under the skin after gynecological and surgical interventions performed on the abdominal area, and in the scar line after normal birth by opening an episiotomy. Conditions such as genetic dysmenorrhea, chronic pelvic pain, dyspareunia, and infertility may occur in pelvic endometriosis, but they may also be asymptomatic. As in our case, a definitive diagnosis can be made by surgically removing the mass and evaluating it histopathologically.

Conclusion: Conclusion: Although endometriosis of the vulva, vagina and cervix is rare, it should be remembered during examination. When a mass detected in the vulva and vagina it should be excised for a definitive diagnosis and to exclude malignancies. If an episiotomy opened during vaginal births, it should repaired carefully. And when there is a mass discovered on the episiotomy line, vaginal endometriosis should kept in mind.

Picture-1



Chocolate-colored content

Keywords: endometriosis, episiotomy, vaginal endometriosis

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June 6-9 2024
www.ipps2024.org

Pub No: OP-023
Presentation Type: Oral presentation

Investigation Of The Chronic Pelvic Pain Developing After Bening And Malignant Caused Hysterectomy Surgery

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Belma Gözde Özdemir / 1.Selcuk University Faculty of Medicine, Department of Gynecology and Obstetrics, Division of Gynecologic Oncology

Aim: Chronic pelvic pain is defined as the patient being symptomatic, feeling pain, and being functionally affected by this condition without any laboratory or clinical. Chronic Pelvic pain lasting between 3 and 6 months is a relative development due to reasons such as pelvic inflammatory disease, chronic pain syndrome, endometriosis . İt is negatively affects the quality of life.Surgical processes affect the cytokine, cortisol, and hormonal evaluations in the body and create a stress factor and that caused it. It is a complex and difficult-to-understand finding that should be handled multidisciplinarily. Functional somatic syndrome patterns can be seen after hysterectomy. On the other hand, some women could have long-term issues that have a detrimental effect on their quality of life, such as persistent discomfort following surgery. In our study, we aimed to investigate the development of chronic pelvic pain after benign and malignant hysterectomy surgeries.

Method: Taking into account the symptomatic data of patients who underwent hysterectomy within the indication, who applied to Selçuk University Faculty of Medicine, Department of Gynecologic Oncology, they were evaluated in terms of chronic pelvic pain in benign and malignant groups. A survey was administered to the patients whose demographic data were collected. Data at 3 and 6 months were evaluated. Visual Analogue Scale (VAS) scoring was used for pain scoring. Visual Analogue Scale paresthesia (VASp) scoring was used for numbness in the inguinofemoral region paresthesia. Beck depression sclae parameters were evaluated after surgery cause of pain development. We also divided the classifications according to their indications and provided separate scoring for benign and malignant groups.

Findings: A total of 163 female patients who underwent hysterectomy. Regarding the age distribution, 28.8% of the patients were 45 years old and under, 71.2% were 45 years old and over, the majority of them (83.4%) had no additional diseases. When examined in terms of indications, 31.9% of them underwent hysterectomy for benign reasons and 68.1% for malignant reasons. No significant differences were detected in the pain levels of the patients in the 6th month according to age, presence of comorbidities, indications, and type of surgery ($p<0.05$). However, there was a significant difference between the pain and paresthesia levels of hysterectomy patients at different times ($p <0.05$). According to these results; Pain and paresthesia values in the 3rd month increased in the 6th month. Pain levels in the 3nd month of patients aged 45 and under are lower than those of patients over 45 years of age. However, there was a significant difference between the paresthesia levels at the 3nd and 6th months of patients of different ages, without comorbidities, with different indications ($p<0.05$).

Conclusion: Patients should be handled individually. All symptoms under the pain cluster should be evaluated meticulously and differential diagnoses should be carefully evaluated. Patients should be evaluated depending on their psychiatric, algological, and surgical conditions. This issue should be investigated in large patient series and it is recommended that data analysis be developed.

Keywords: hysterectomy, pelvic pain, functional somatic syndrome, paresthesia

Pub No: OP-024
Presentation Type: Oral presentation

Evaluation Of Dysmenorhea, Quality Of Life, And Sexual Functions In Patients With And Without Conization

Belma Gözde Özdemir[1], Ahmet Bilgi[1], Kübra Sevinç[1], Aslı Mavi[1], Mehmet Kulhan[1], Çetin Çelik[1]

[1]Selcuk University Faculty of Medicine, Department of Gynecology and Obstetrics, Division of Gynecologic Oncology

Belma Gözde Özdemir / Selcuk University Faculty of Medicine, Department of Gynecology and Obstetrics, Division of Gynecologic Oncology

Aim: Human Papillomavirus (HPV) is a non-enveloped DNA virus that can cause malignancies on mucosal surfaces if appropriate conditions are present. Cervical lesions are evaluated in two main groups as Precancerous and Cancerous. It is very important to detect precancerous lesions at an early stage and follow them up to stop their progression. Conization/Leep procedures also have complications, especially bleeding and infection and may include amenorrhea, dysmenorrhea, cervical stenosis, cervical insufficiency, risk of preterm labor, and although rare, ureter damage, rectovaginal fistula, and ulceration may occur, especially in deep applications. In our study, we aimed to evaluate the patients who were treated due to HPV positivity and who were only followed up due to HPV positivity, in terms of dysmenorrhea, sexual function and anxiety.

Method: The patients who underwent Conization and Leep (Loop Electrosurgical Excision Procedure) because of cervical pathologies and HPV positive patient at the Department of Gynecology and Obstetrics of Selcuk University Faculty of Medicine ,division of Gynecologic Oncology between 01/01/2021 and 30/12/2024 were evaluated in the study. Cuttings that included approximately 0.5 cm areas of the material transformation zone to the excision margin were evaluated in the study, and the cases with intraoperative complications were excluded . HPV positive patients who did not undergo conization were evaluated with the same parameters.The data were collected with the Personal and Demographic Data Form, Beck Anxiety Scale, Dysmenorrhea Scale with visual analogue scale, Female Sexual Function Index (FSFI) (Turkish), and Turkish Quality of Life Scale EORTC QLQ-C30 (version 3.0).

Findings: Total 104 patient, 49 female patients who underwent conization and 55 who did not undergo conization HPV positive were included in the study.61.2% of the patients who underwent conization were under the age of 45, 3.8% were aged 45 and over, and 100% of the patients who did not undergo conization were under the age of 45. The average age of patients who underwent conization was 43.63 and the average age of patients who did not undergo conization was 37.24. According to these results, the age distribution and mean age of patients who underwent and did not undergo conization differed ($p<0.05$). The average female sexual function score of HPV positive patients without conization is 16.40 before HPV and the average female sexual function score after it is 13.53. After HPV diagnosis, female sexual function levels decreased. There was a significant difference between the dysmenorrhea scores before and after HPV in patients who did not undergo conization ($p<0.05$). Dysmenorrhea scores increased after HPV compared to before.There was a significant difference in dysmenorrhea

scores depending on whether conization was performed ($p<0.05$). The scores of patients who underwent conization are higher than those of patients who did not undergo conization.

Conclusion: Although the quality of life and sexual functions of patients are affected, suitable patients must be encouraged for the treatment of precancerous lesions. It is a fact that large case series are needed to investigate the effects of many surgical procedures.It is important to provide psycho-oncological support to patients in this regard.

Keywords: conization, leep, sexual function, dysmenorrhea

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June 6-9 2024
www.ipps2024.org

Pub No: OP-025
Presentation Type: Oral presentation

A case of ruptured endometrioma with severe acute pelvic pain

Sibel Doğan Polat[1], İlknur Merve Ayazoğlu[1]

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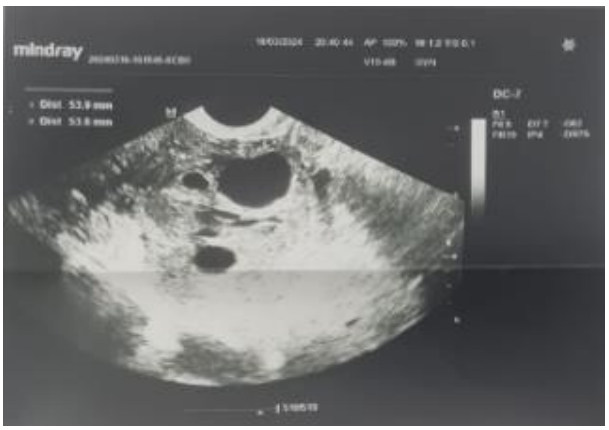
İlknur Merve Ayazoğlu / Recep Tayyip Erdoğan University Faculty of Medicine, Department of Gynecology and Obstetrics, Rize

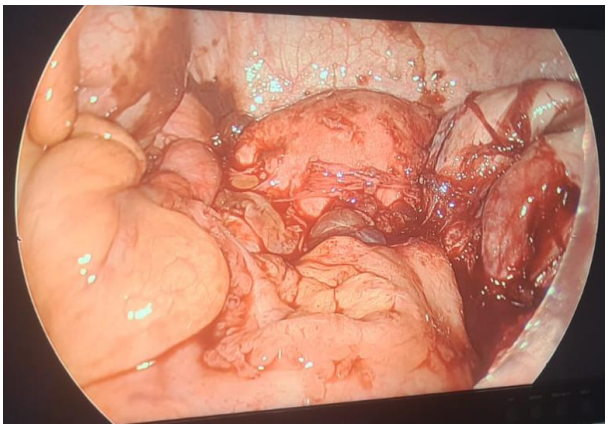
Aim: Endometriosis is an estrogen dependent, multifocal chronic disease defined by the presence of extrauterine endometrial glands and stroma. Endometriosis is usually in the pelvic organs, especially ovaries, peritoneal surfaces, uterosacral ligaments, and rectouterine pouch. The most common symptoms are dysmenorrhea, pelvic pain, dyspareunia, infertility and pelvic mass. In this case, we aimed to present a patient with ruptured endometrioma, who underwent surgery due to severe acute pelvic pain.

Method: A 29-year-old, nulligravida, married woman was hospitalized with severe pelvic pain, nausea and vomiting that started eight hours ago. It was learned that the patient had intermittent pelvic pain and constipation before. In transvaginal ultrasonography, the right ovary's size was 54mm, its stroma appeared edematous(Figure-1) and venous flow couldn't be obtained in Doppler ultrasonography(ovarian torsion?). There was a 27x8 mm, irregular, anechoic cyst in the ovary and some fluid in the pelvis(ruptured cyst?). There were also a few follicles with a diameter of 20mm. The wall of the ascending colon was thickened on computerized tomography(CT)(Infective process?) Appendicitis was not considered. The patient, who had pelvic pain, defense and rebound, was performed laparoscopic surgery at night. Approxımately 200 cc ruptured cyst content was observed in the pelvis and on the intestines(Figure-2). There were many adhesions between the intestines and the posterior uterus, the right ovary, the left tube and omentum. We performed cystectomy to the two cysts ın the right ovary and to the left paratubal 1cm cyst. Adhesions were partially opened by sharp dissection with a general surgeon. The left ovary could not be observed due to dens adhesions.The histopathological examination result was reported as endometriosis. One month after the surgery, ovaries were normal in ultrasonography. The tumor markers were normal.

Ultrasonographic image of the right ovary



Intraoperative findings



Findings: Medical history, physical examination, laboratory and imaging tests are important in the evaluation of acute pelvic pain originating from the ovaries. Ovarian torsion, hemorrhagic cyst rupture, endometrioma rupture should be considered in differential diagnosis. Endometriosis is the presence of ectopic endometrial glands outside the uterus, mostly in the ovaries, uterine ligaments, cul-de-sac, peritoneum, fallopian tubes, and rectosigmoid colon. It can rarely be found in the gastrointestinal or urinary tracts, umbilicus, pelvic nerves, inguinal area, and surgical scars.Although ultrasonography and magnetic resonance imaging are useful, the typical appearance of endometriosis implants in laparoscopy and the presence of endometrial glands and/or stroma in histopathological examination are the gold standard for the diagnosis of endometriosis. Endometriosis can be seen as superficial lesions, endometriotic cysts in the ovaries(endometrioma) or deep endometriotic nodules. Endometriomas are the most common type of endometriosis. Although most of endometriomas are asymptomatic, patients can rarely present with spontaneous rupture causing severe pain. When cystectomy is performed, pain control is better and recurrence is less.

Conclusion: The final diagnosis of endometriosis requires surgery and histopathological evaluation. Sometimes, as in our case, endometriosis can be diagnosed when a patient undergoes surgery due to acute pelvic pain. Although it has no specific symptoms, endometrioma should be considered in the presence of pelvic pain and a persistent adnexal mass in young women.

Keywords: endometriosis, laparoscopic surgery, adnexal mass

2024 International Pelvic Pain Societies (IPPS & Convergences PP & ESSIC) Meeting and 3rd Congress of Society of Pelvic Pain and Endometriosis
HYATT REGENCY İSTANBUL ATAKÖY
June 6-9 2024
www.ipps2024.org

Pub No: OP-026
Presentation Type: Oral presentation

Midwifery and Nursing Approach in Managing Pelvic Floor Dysfunctions

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Aim: Diseases such as incontinence problems, pelvic organ prolapses, and chronic pelvic pain encompass pelvic floor dysfunctions. Pelvic Floor Dysfunctions (PFD) are prevalent across all age groups but particularly so in adults and the elderly population. Midwives and nurses play significant roles in the management of pelvic floor dysfunctions in healthcare facilities offering treatment services, community health centers, or home care services. This paper aims to emphasize the midwifery and nursing approach in the management of pelvic floor dysfunctions.

Method: Current literature was reviewed to compile the Midwifery and Nursing Approach in Managing Pelvic Floor Dysfunctions.

Findings: Women face PFD risks at every stage of life. Various conditions such as menopause, pregnancy, childbirth, and postpartum period can lead to PFD. Midwives and nurses, who are caregivers at every stage of a woman's life, should ensure comprehensive assessment for PFD, take preventive measures, apply behavioral therapies, recommend lifestyle changes, teach pelvic floor exercises, or refer for appropriate pharmacological or surgical treatments when necessary. Comprehensive physical examination, data synthesis, care plan development, and evaluation of interventions are essential aspects of nursing care implementation.In pelvic floor dysfunctions, which negatively impact individuals' quality of life physically, mentally, economically, and socially, midwives and nurses enhance prevention through patient education based on known risk factors, thereby improving individuals' overall health levels and quality of life and accompanying them in their treatments.Reducing the prevalence rates associated with pelvic floor dysfunction, fostering societal awareness instead of accepting symptoms as a natural consequence of aging, falls within the scope of professional nursing roles.Women may feel embarrassed, hesitant, or unable to answer questions about symptoms of diseases such as incontinence, prolapse, or sexual dysfunction, which are considered intimate. In such cases, midwives and nurses should evaluate potential pathologies, encourage women to speak up, take PFD problems seriously, and guide the patient. They should use simple, understandable language to obtain detailed urogynecological and sexual history and facilitate communication with patients. This way, midwives and nurses can alleviate the economic burden that could be prevented with disease progression and reduce the vital fears and anxieties that may arise.

Conclusion: Midwives and nurses should conduct routine screenings for common PFD issues, provide support in diagnosis and treatment, and mitigate the psychosocial effects of PFD. Additionally, they should strive to enhance women's quality of life, routinely assess sexual function and psychological effects, and collaborate with other healthcare team members in the treatment and care of women experiencing this issue in line with their professional roles.

Keywords: nursing, midwife, pelvic floor dysfunctions management, pelvic floor dysfunctions

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HYATT REGENCY İSTANBUL ATAKÖY
June 6-9 2024
www.ipps2024.org

Pub No: OP-027
Presentation Type: Oral presentation

Using Myofascial Therapy Combined with Exercises and Magnetic Stimulation to Improve Pain, Depression, and Well-Being Outcomes, Quality of Life, and Sexual Function in Women with Chronic Pelvic Pain: Case Series Study

Nilüfer Cerbezer[1], Elif Tuğçe Çil Sertöz[1], Feryal Subaşı[1], Erkut Attar[2]

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[2]Yeditepe University Hospital

Nilüfer Cerbezer / Yeditepe University

Aim: Chronic pelvic pain (CPP) is a prevalent condition affecting women, characterised by persistent discomfort in the lower abdominal and pelvic regions. While some of the physiotherapy interventions are commonly used to manage CPP symptoms, the comprehensive impact of combining therapies on CPP outcomes requires further investigation. This case series aims to explore the effectiveness of an integrated approach, encompassing myofascial therapy, exercises, and magnetic stimulation, in improving pain, depression, well-being, quality of life, and sexual function in women with CPP, providing a comprehensive solution to this complex condition.

Method: In this study, we aimed a longitudinal case series design, studying a group of six women (mean age: 29.5±16.97) afflicted with chronic pelvic pain. Over a period of ten weeks, these participants underwent ten sessions of a combined physiotherapy program including myofascial releasing techniques (massage, stretching), therapeutic exercises and magnetic stimulation (Magnetic induction amplitude (Intensity): ~7.5Tesla; Pulse duration: 300us; Stimulation frequency: 1 Hz), lifestyle interventions, home programs and behavioural treatment (e.g., bladder training). Data encompassing sociodemographic features, the Visual Analogue Scale (VAS), Beck Depression Inventory (BDI), Well-Being Scale (WHO-22), 36-item Short Form Survey (SF-36) and Female Sexual Function Index were collected at baseline and ten weeks post-intervention.

Findings: Ten weeks after the intervention, participants demonstrated noteworthy improvements in the Beck Depression Inventory, Well-Being Index, SF-36 scores, the Female Sexual Function Index, and, most notably, their pain score (VAS) ($p < 005$).

Conclusion: The findings stemming from our prospective case study underscore the potential utility of combined physiotherapy, including myofascial therapy, exercises, and magnetic stimulation, for women with chronic pelvic pain. This combined protocol yields significant improvements in alleviating pain, depression, and sexual dysfunction and increases in health-related quality of life and well-being.

Keywords: exercise, myofascial release, pelvic pain, physiotherapy, quality of life

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HYATT REGENCY İSTANBUL ATAKÖY
June 6-9 2024
www.ipps2024.org

Pub No: OP-028
Presentation Type: Oral presentation

Investigation of Chronic Pelvic Pain, Pelvic Floor Muscle Awareness, Physical Activity Levels and Their Relationship in Women of Different Age Groups: a Cross-Sectional Study

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Aim: Chronic pelvic pain (CPP) is typically defined as persistent pain lasting more than six months and commonly observed among women, with an estimated prevalence worldwide ranging from 5.7% to 26.6%. CPP is often associated with symptoms of the lower urinary tract, sexual, bowel, pelvic floor or gynecological dysfunction. Nevertheless, it remains unclear whether many women of different age groups have adequate knowledge about CPP and pelvic floor health and their level of physical activity. Therefore, the study aims to investigate chronic pelvic pain status, pelvic floor muscle awareness, and physical activity levels and determine the relationship between chronic pelvic pain, pelvic floor muscle awareness, and physical activity levels in women of different age groups.

Method: In this study, 116 female participants were included (mean age: 33.79±13.51). The Pelvic Floor Health Knowledge Test (PFHKT) was utilized to understand participants' awareness of pelvic floor health. Pelvic floor muscle awareness training was conducted in conjunction with visual imagery. The Female Genitourinary Pain Index (FGPI) was used to assess pelvic pain conditions, and the Pelvic Floor Distress Inventory-20 (PFDI-20) was administered to evaluate participants' comorbidities. The questionnaire was used to gather information about participants' ages, childbirth and menstruation periods, various diagnosed diseases, and past surgeries to determine the location of pain. The questionnaire was also asked about the features based on the IPPS Pelvic Pain Assessment Form. Additionally, the KAISER Physical Activity Questionnaire measured participants' daily activity levels.

Findings: According to the correlation analysis, a significant positive relationship existed between increasing age and PFDI-20 scores ($r=.273^{**}, p<0.01$). Additionally, a significant negative relationship was found between the PFHKT and Pelvic Floor Awareness ($r=-.287^{**}, p<0.01$). Moreover, a noteworthy finding emerged indicating a significant positive correlation between the FGPI and the PFDI-20 ($r=.646^{**}, p<0.01$), indicating that higher levels of pelvic pain were associated with increased other pelvic floor disorders. It is also noteworthy that the majority of young individuals in the 18-25 (32%) age group were inactive and that individuals in this group reported higher rates of vulvar and pelvic pain (15%) compared to other age groups. In addition, pelvic floor muscle awareness was highest in individuals aged 56-65 (8%).

Conclusion: These findings underscore the complex interplay between age, pelvic floor function, awareness, and pain, highlighting the importance of comprehensive assessment and management strategies in addressing pelvic floor health. The results emphasize the importance of theoretical knowledge and practical awareness in pelvic health education. Mainly, there should be a focus on enhancing participants' awareness of pelvic health. Health Professionals should consider the multifaceted nature of pelvic floor disorders and tailor interventions to individual needs, taking into account factors such as age, symptomatology, and pelvic floor awareness. Furthermore, interventions to promote pelvic health and well-being may be designed, considering the multiple factors involved, such as age-related differences in physical activity levels, pain experiences, and pelvic floor muscle awareness. Targeted efforts to increase physical activity among young adults and enhance pelvic floor muscle awareness across all age groups may be warranted to mitigate the burden of pelvic pain and promote pelvic health throughout the lifespan.

Keywords: chronic pelvic pain, pelvic floor awareness, physical activity level, women's health

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June 6-9 2024
www.ipps2024.org

Pub No: OP-029
Presentation Type: Oral presentation

I WAS ON MY OWN TO BE DIAGNOSIED AS ENDOMETRIOSIS

Enzel KÖKSALDI[1], Handan ÖZCAN[2], Erkut ATTAR[3]

[1]Esenler Kadın Doğum ve Çocuk Hastalıkları Hastanesi
[2]Sağlık Bilimleri Üniversitesi
[3]Yeditepe Üniversitesi

Enzel KÖKSALDI / Esenler Kadın Doğum ve Çocuk Hastalıkları Hastanesi

Aim: The aim of this case report is to determine the difficulties experienced in the diagnosis process of endometriosis disease and its psychological effects.

Method: This case report has been prepared based on interviews with patients.

Findings: CASE 1: The patient is a 29-year-old single woman. She states that he has been experiencing complaints such as difficulty defecating, pain when urinating and left groin pain for the last year. The patient has applied to various outpatient clinics such as urology, gastroenterology, rheumatology, hematology, infectious diseases, surgical diseases and internal medicine about 40-45 times in different cities. The results of the examination were normal and the doctors said that it was psychological. The patient said in his own statement, 'I don't think it was psychological because I had a pain that did not go away and caused discomfort. It made me even more angry that he was passing off by calling it psychological. My pains were severe and I was constantly struggling to live with my pains, my quality of life deteriorated and I even had to leave my job, I was unemployed. I decided to investigate this condition and I came across an expression like pelvic pain,' she emphasized the process she experienced. First of all, she applied to an obstetrician because of pelvic pain, but during the checks, everything was said to be normal. Later, she conducted research for her disease and met with another obstetrician and was told that endometriosis is in the uterine retaining ligaments and can be treated with laparoscopic surgery.CASE 2: The patient is 33 years old, married and does not yet have children. She received the diagnosis of endometriosis at the age of 28 and states that her complaints have been since the age of 12. The patient experiences complaints such as groin pain, severe nausea-vomiting, sweating and pain during sexual intercourse. The patient emphasized that people do not believe for the pains they suffer and think that it is psychological, that it will pass if she has a child, and even that they think they are entering adolescence. When he received the diagnosis, he felt great relief and joy because it was not psychological. Since no one believes in the situation, even doctors pass it off by calling it psychological, she has stated that; "When i have the pain, I was bothered to share it.'' It has been stated that the duration of diagnosis, treatment and problems that arise with the diagnosis, inability to conceive, conditions such as constant recurrence of pain cause constant anxiety.

Conclusion: In order to prevent the delay of endometriosis diagnosis, awareness should be raised in society and health systems, education and support programs for women should be organized, a multidisciplinary approach should be adopted and patient-centered treatment should be applied. Thanks to these approaches, the quality of life of individuals with endometriosis can be improved and their psychosocial health can be supported.

Keywords: Endometriosis, Anxiety, Pelvic pain

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June 6-9 2024
www.ipps2024.org

Pub No: OP-030
Presentation Type: Oral presentation

Women Affected by Endometriosis: Their Anxieties and Coping Methods

Enzel KÖKSALDI[1], Handan ÖZCAN[2], Dilek BİLGİÇ[3]

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[3]Dokuz Eylül Üniversitesi

Enzel KÖKSALDI / Esenler Kadın Doğum ve Çocuk Hastalıkları Hastanesi

Aim: The aim of the study is to determine the anxieties experienced by women diagnosed with endometriosis and their coping methods.

Method: In the phenomenological study, a criterion sampling method was employed, and a total of 16 women diagnosed with endometriosis were interviewed. Inductive analysis was used to analyze the data.

Findings: The mean age of the women participating in the study was 32.62±7.42, the mean age of diagnosis of endometriosis was 27.50±6.87, and the mean age of onset of symptoms was 22.37±8.13. Only four of the women had previously heard of endometriosis, and all participants who were married and desired children had received a diagnosis of infertility (n: 7). Three main themes and 9 subthemes were identified for each main theme in the study. The emotions experienced at the time of diagnosis (fear, anxiety, sadness, feeling unwell, surprise, relief, not having time to feel anything, feeling incomplete, and depression), the anxieties experienced by women due to endometriosis (pregnancy, persistent pain, inability to cope with the process, damage to the ovaries, side effects of medications, late diagnosis, lack of knowledge, development of ruptured cysts, and the possibility of the condition being passed on to their child), and coping methods during the process; conducting research, occasionally struggling to cope, changing doctors, seeking psychological support, attending regular check-ups, accepting and going with the flow of the process, seeking support from family, positive thinking, and oocyte cryopreservation.

Conclusion: Due to the need for long-term follow-up and treatment of endometriosis, it is important to closely monitor women and provide social and psychological support. It is recommended to raise awareness among society and healthcare professionals, organize education and activities, and maintain inter-agency collaboration.

Keywords: Endometriosis, Anxiety, Coping methods, Awareness

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HYATT REGENCY İSTANBUL ATAKÖY
June 6-9 2024
www.ipps2024.org

Pub No: OP-031
Presentation Type: Oral presentation

Assessment Of Body Image and Anxiety Levels İn Women With Endometriosis

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Enzel KÖKSALDI / Esenler Kadın Doğum ve Çocuk Hastalıkları Hastanesi

Aim: This study aimed to determine the body image and anxiety levels of women with endometriosis.

Method: The study, which is analytical, cross-sectional, and exploratory in nature, included a total of 233 women diagnosed with endometriosis as the population. Data were collected using the "Demographic Information Form," "Body Image Scale," and "Continuous Anxiety Scale."

Findings: The average age of the women participating in the study was 36.98±6.7; 77.7% of the participants had received a bachelor's degree or higher education, and 75.5% were married. It was found that most women experienced pain, fatigue, pain between periods, and leg cramps during menstruation due to endometriosis. Additionally, 53.2% of these women had been pregnant, and 24% reported relief from post-pregnancy pain. The body image satisfaction score among women with endometriosis is 106.35±25.33, which is at a moderate level. Trait anxiety scores were also determined as 53.92±6.54 and were found to be at a moderate level. Additionally, it was determined that 53.2% of these women became pregnant and 24% of them experienced post-pregnancy pain. The mean scores of endometriosis affecting body image, affecting quality of life and experiencing anxiety in women were found to be 7.18±2.94, 8.55±2.10 and 8.32±2.20, respectively. (0: Does not affect at all, 10: Affects a lot).

Conclusion: Endometriosis not only causes physical symptoms in women but also leads to mental health issues such as negative body image and anxiety. Addressing both physical and psychosocial needs through a multidisciplinary approach is essential for improving patients' quality of life and mental health.

Keywords: Endometriosis, Anxiety, Body image


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Pub No: OP-032
Presentation Type: Oral presentation

Cause of Severe Pelvic Pain in Adolescence: A Case of Fimbrial-located Paratubal Cyst Torsioned 8 Full Turns

Tural Ismayılov[1], Merve Mentese[1], Buğra Berkan Bingöl[1]

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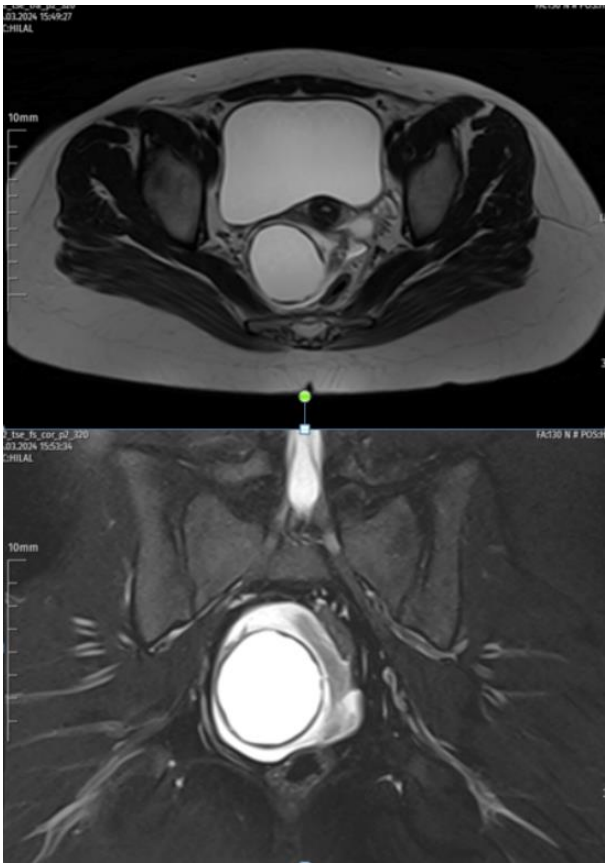
Buğra Berkan Bingöl / Istanbul Training and Research Hospital

Aim: We aimed to highlight the management of an 18-year-old female presenting with severe abdominal pain due to an 8 full turn torsion of the Fallopian tube hemorrhagic cyst.

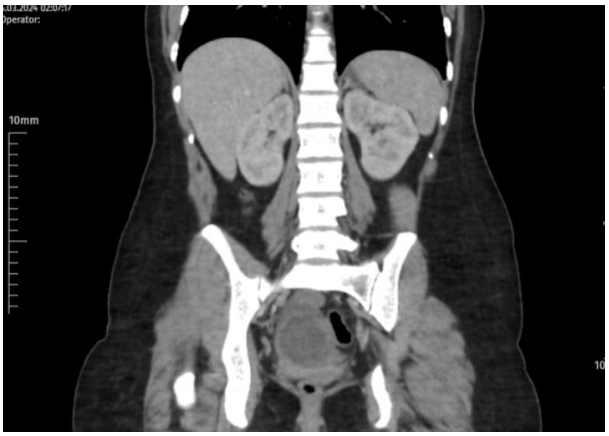
Method: Paraovarian/paratubal/Fallopian tube torsion is a rare gynecological cause of acute abdomen, presenting with nonspecific signs and symptoms. Paraovarian and paratubal cysts, located between the ovary and the Fallopian tube, are usually benign and commonly seen in women aged 30-40. The lack of characteristic features on radiological imaging delays the diagnosis. Asymptomatic paraovarian cysts are incidentally found during pelvic examination and imaging. Complications such as hemorrhage due to Fallopian tube torsion with acute abdomen are rare. Paratubal cysts are considered giant when they exceed 150 mm.

Preoperative MRI scans



Preoperative MRI scans

Preoperative CT scans



Preoperative CT scans

Findings: An 18-year-old nulligravid female presented to the emergency department with severe abdominal pain. General Surgery had ruled out appendicitis. She had no significant medical history and had been using oral contraceptives for the past 2 months. There were no findings except tenderness in the right lower quadrant. Abdominal CT and Color Doppler Ultrasound revealed a cystic formation measuring 53x54 mm in the right adnexal area. After 24 hours of observation, during which the patient reported no pain, intravenous contrast MR imaging showed a 50x47 mm cystic lesion with diffusion restriction in the right ovary. Due to a recurrence of severe pain before discharge, diagnostic laparoscopy was performed with a preliminary diagnosis of ovarian cyst rupture/torsion. Intraoperatively, a paratubal cyst approximately 6 cm in size, with hemorrhagic content, twisted 8 full turns, was observed. The detorsioned cyst was re-evaluated, and it was decided to excise the hemorrhagic cyst located at the fimbrial end. Considering the patient's age and nulligravid status, salpingectomy was not performed, and fimbrioplasty was deemed necessary. The left tube and both ovaries appeared normal.

Conclusion: Fallopian tube torsion is a rare cause of severe pelvic pain with a difficult preoperative diagnosis, with an incidence of 1 in 1.5 million. The lack of characteristic laboratory and radiological features complicates diagnosis. Pelvic ultrasound, color Doppler, CT, and MRI, along with lab tests, cannot confirm Fallopian tube torsion. Although CT can assist in excluding conditions like appendicular, sigmoid colon, or tuboovarian abscess, MRI is preferred due to the low risk of ionizing radiation in reproductive-aged women. Differential diagnoses include acute appendicitis, ectopic pregnancy, pelvic inflammatory disease, twisted ovarian cyst, ovarian cyst rupture, ovarian cyst hemorrhage, hydrosalpinx, degenerative leiomyoma, and acute diverticulitis. Fallopian tube torsion is more common on the right side. Treatment of paratubal cyst torsion is primarily surgical, with laparoscopic detorsion, cyst excision, and salpingectomy for women who have completed their reproduction. Pregnancy occurs within 11 months post-surgery in half of the patients who underwent fimbrioplasty. Tubal torsion should be considered in the differential diagnosis of acute abdomen in patients with ovarian cysts. Diagnostic laparoscopy may prevent infertility through early diagnosis. If the diagnosis cannot be confirmed after physical examination, imaging, and lab tests, and pain persists with vague findings, diagnostic laparoscopy should be considered.

Keywords: torsioned cyst, fimbrial cyst, diagnostic laparoscopy

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HYATT REGENCY İSTANBUL ATAKÖY
June 6-9 2024
www.ipps2024.org

Pub No: OP-033
Presentation Type: Oral presentation

The role Taurine and Taurine Transporter (TauT) antibody on Endometriotic Stromal Cells

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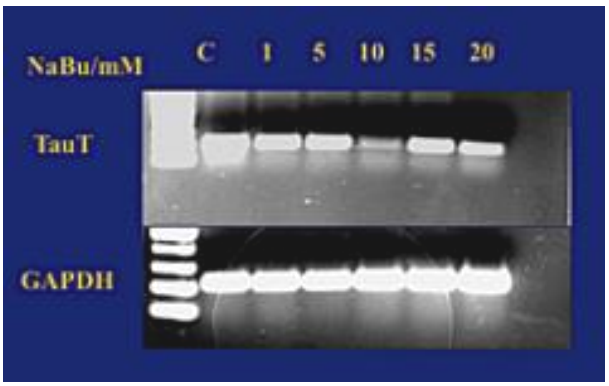
aylin üstün / Cam ve Sakura Hospital, Department of Obstetrics and Gynecology

Aim: Endometriosis is an estrogen-dependent disorder that can result in substantial morbidity, including pelvic pain, multiple operations, and infertility. Approximately only half of the patients with endometriosis are refractory to currently available treatments that create a hypoestrogenic state, including oral contraceptives, oral progestins, and GnRH-antagonists and -agonists. Although surgical therapy provides some pain relief, endometriosis often recurs after surgery; in addition, pain usually is more refractory to repeated surgical attempts. Understanding of the molecular mechanisms of aromatase expression better in endometriotic cells can help us to develop new and more specific treatments for endometriosis. Local aromatase gene expression and enzyme activity were demonstrated and aromatase enzyme inhibitors treat endometriosis successfully. In this study, we aim to understand the role of taurine and taurine transporter antibody on aromatase expression in endometriotic cells.

Method: : In a preliminary study, we cultured endometriotic cells as previously described. We treated these cells with an histone decateylase inhibitor (sodium butyrate-NaBU) which has a promotor specific inhibitory effect on aromatase activity. We showed that NaBU decreased TaUT mRNA expression significantly at 10 mM/ml. Now, we are planning to do a set of time and dose responsive experiments to see the effect of Taurine and TaUT antibody on araomatase expression in cultured endometriotic cells. In this step endometriotic cells will be treated with Taurine and Taurine Transporter (TauT) antibody in a time and dose dependent manner for 12, 24 and 48 hours.

Findings: Our preliminary results showed that NaBU inhibits TaUT expression in a dose dependent manner. Endometriotic cells were treated at different doses of NaBU (5,10,15,20,25 nM/ml). Maxumum effect of NaBU has been reached at 10 mM/ml

Figure 1



Conclusion: There is no study showing the effect of Taurine or TauT on endometriotic cells to date. Aromatase expression can be inhibited by NaBu or specific inhibitors of p38 or JNK These compounds strikingly decrease aromatase activity and mRNA levels via the proximal promoter II in endometriotic cells. Thus, aromatase activity can be ablated in a tissue and promoter-specific manner in endometriosis. The effect of NaBu is probably via Taurin and TaUT. Therefore, TauT antibody itself may also be used to decrease the aromatase activity in endometritic cells and have a potential to treat endometriosis

Keywords: Endometriozis; Taurine; Taurine Transporter Antibody

POSTER PRESENTATIONS

Pub No: PP-001
Presentation Type: Poster Presentation

THE SOCIAL AND PSYCHOLOGICAL IMPACT OF ENDOMETRIOSIS ON WOMEN'S LIVES

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Aim: Endometriosis is a chronic, inflammatory disease affecting more than 170 million women worldwide. Endometriosis can cause pain symptoms such as dysmenorrhea, dyspareunia, dyschezia, dysuria, and chronic pelvic pain. Only about 20-25% of endometriosis patients are asymptomatic, with approximately 80% affected by chronic pain.

Method: Endometriosis entails not only physical but also psychological and social implications. Particularly, pain associated with endometriosis stands as a primary contributor to the negative impact on quality of life. Pain can lead to psychological issues such as disrupted sleep quality, fatigue, decreased activity levels, acute and chronic stress, anxiety, and depression. Dyspareunia may negatively impact sexual life, intimacy, and relationships. Women may experience difficulty in their relationships due to feelings of loneliness, isolation, and lack of support. Furthermore, this condition can lead to social issues such as inability to perform daily routine activities due to fatigue, depressive symptoms, severe dysmenorrhea, and heavy bleeding, as well as absenteeism from work and inability to work long hours.

Findings: Endometriosis is a pathology that has both individual and societal level psychological, social, and economic consequences, thus directly impacting quality of life. It is known that endometriosis is a complex condition that can affect all aspects of women's lives, and psychological factors play a significant role in determining the severity of symptoms and the effectiveness of treatments. Therefore, it is necessary to manage it with a multidisciplinary and comprehensive approach that includes psychological, occupational, and social support alongside medical care. In this context, psychological assessment is recommended for identifying women at risk of developing symptoms of anxiety and depression, and providing them with adequate psychological support. Thus, the adverse effects of endometriosis on the quality of life, social life, and mental health of these patients can be minimized.

Conclusion: This review highlights some of the social and psychological effects of endometriosis on women's lives

Keywords: Endometriosis, Mental Health, Quality Of Life, Psychological Well-Being

Pub No: PP-002
Presentation Type: Poster Presentation

Endometriosis and Stigmatization

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Aim: Endometriosis often causes painful symptoms such as pelvic pain, dysmenorrhea, dyspareunia, dysuria, and defecation pain, as well as infertility. These symptoms can negatively impact women's quality of life and lead to psychosocial issues such as social isolation, and challenges in work and family life. Additionally, these circumstances can cause stigmatization in women. Stigmatization is defined as actions or behaviors that deprive individuals of full social acceptance, reducing them to flawed or diminished status. This review aims to assess the state of stigmatization among women with endometriosis and its consequences.

Method: This study involves a comprehensive literature review on the subject.

Findings: Individuals diagnosed with endometriosis experience significant stigma and social exclusion. This stigma stems from the difficulty in diagnosing the disease, limited knowledge and awareness about the disease among the public and healthcare professionals, and the tendency to not take the condition seriously. These factors lead to a decrease in the quality of life for affected individuals, delays in seeking treatment, and progression of the disease.

Conclusion: The majority of women with endometriosis are found to be subjected to stigmatization, which complicates the management and treatment of the disease. Therefore, it is necessary to increase awareness about endometriosis and develop strategies to combat the stigma associated with it. Furthermore, the current research in this area is limited, indicating a need for more case-control studies, meta-analyses, and randomized controlled trials on this subject.

Keywords: endometriosis, stigma

Pub No: PP-003
Presentation Type: Poster Presentation

Web Based Applications in Chronic Pelvic Pain

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Aim: Chronic pelvic pain is a common problem in women. Chronic pelvic pain is defined as pelvic pain that lasts longer than 6 months without interruption. It is essential to raise individual and social awareness about this problem, which greatly affects women's quality of life and has a high cost to the individual and society.

Method: Nowadays, with the increase in internet usage, there is an increase in the use of web-based applications by women experiencing chronic pelvic pain. In protecting and improving health, recording health data securely through web-based applications plays an important role in teaching healthy lifestyle behaviors, reducing costs in health care and increasing service quality. Since web-based applications can work on different platforms such as computers, smartphones and tablets, they can be accessed by a wide range of users.

Findings: Official organizations and associations in our country provide information, guides, brochures, etc. about chronic pelvic pain. In addition to the resources that can be used for health purposes, there are the Official Website of the Ministry of Health and the Websites of Official Associations. Among the Websites of Official Associations; Endometriosis and Adenomyosis Association, Pelvic Pain and Endometriosis Association, Reproductive Medicine and Surgery Association, Türkiye Endocrinology and Metabolism Association, Continence Association, Türkiye Urology Association, Urological Surgery Association, Pelvic Floor and Cosmetic Gynecology Association. International websites that can be used in Chronic Pelvic Pain; International Continence Society (ICS), International Pelvic Pain Society, Pelvic Pain Foundation of Australia and Pelvic Floor Foundation of South Africa (PFFSA). Women who have gynecological health problems frequently turn to the internet and social media to find solutions to the symptoms they experience. It has been noted that women who seek health care using social media are generally younger, experience chronic pelvic pain, and experience more severe symptoms. Similarly, it has been determined that women with chronic pelvic pain are more likely to use social media and the internet to understand or manage their condition than women without any health problems. In addition, it has been observed that as the severity of chronic pelvic pain increases, the rate of interaction on the subject on social media increases, and people tend to see social media as a coping tool and trust the information on social media more. In the study, social media use, preferences and behavioral patterns were examined in patients with gynecological pelvic pain; It has been stated that patients with gynecological pain are more likely to use social media and the internet to understand and manage their condition than those

without pain. Among web-based applications, there are also mobile applications that record chronic pelvic pain diaries. Mobile apps that assess and record pelvic pain provide users with a platform to track and report their pain. These applications create pain awareness and help users identify factors that increase or trigger severity.

Conclusion: Nurses can make effective methods of coping with pain through gradual behavioral changes and touch the lives of many women experiencing chronic pain with web-based applications.

Keywords: chronic pelvic pain, web based application, nursing care

Pub No: PP-004
Presentation Type: Poster Presentation

FRACTIONAL CO2 LASER THERAPY FOR THE TREATMENT OF MULTIPLE EPIDERMAL INCLUSION CYSTS OF THE VULVA: CASE REPORT

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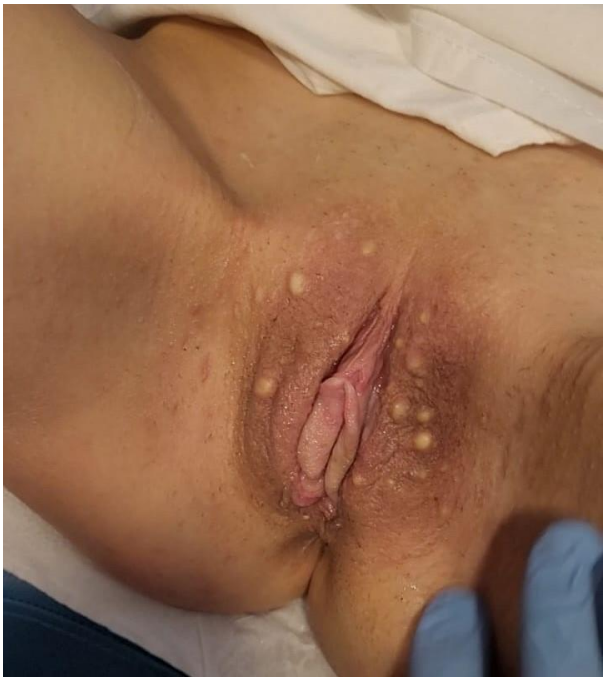
Aim: Benign tumors of the vulva are very rarely seen. Epidermal inclusion cysts (EICs) also referred to as epidermal cysts are the most common cutaneous cyst.Of note, the term 'sebaceous cyst' is a misnomer,EICs are derived from follicular infundibulum and don't feature sebaceous gland differentiation.Development of vulvar EICs is a well-described complication of female genital mutilation.EICs typically present as firm,round and yellow-white papuls. Vulvar EICs are most often found on the labia majora,can be multicystic and range in size from few milimeters to several centimeters in diameter.In rare cases,EICs may also affect the labia minora and clitoris. EICs are benign and don't require treatment. If symptomatic (irritation, pelvic pain, dyspareunia) or the patient request removal, complete excision of the cyst lining is required to prevent recurrence and should be performed when the cyst is not inflamed. Incision and drainage may be required if the cyst becomes infected, purulent or painful.For smaller cysts that become inflamed, intralesional steroids may be considered. The aim of this study was to determine the effect of fractional CO2 laser treatment on EICs.

Method: A highly effective local anesthetic cream containing 12.5% lidocaine and 5% procaine was applied to the vulva and left in place for 5 minutes.The vulva was wiped with a 10% povidone iodine solution and dried.The settings of the CO2 laser device (SmartXide Touch, DEKA, Italy) were set to power: 4W, emission mode: CW. All lesions were ablated individually with the use of a surgical cap.

Findings: A 28-year-old patient admitted to us with years of pelvic pain, discomfort from vulvar lesions and loss of self-confidence. She was single with no history of pregnancy. When we investigated the medical history, it was learned that these lesions were periodically infected leading to severe pelvic pain and discomfort. It was noted that she had consulted to the doctor several times, antibiotics and anti-inflammatory drugs were started in the presence of infected lesions, but no definite result was obtained. During her recent evaluation at a referral center, surgical excision was recommended as the last-line treatment option. The patient states that she is ready for all treatment options, including surgical intervention. Gynecologic examination revealed multiple epidermal inclusion cysts (EICs) that covered the entire area of the vulva (Figure 1). The diagnosis was confirmed by dermatological consultation. No signs of infection

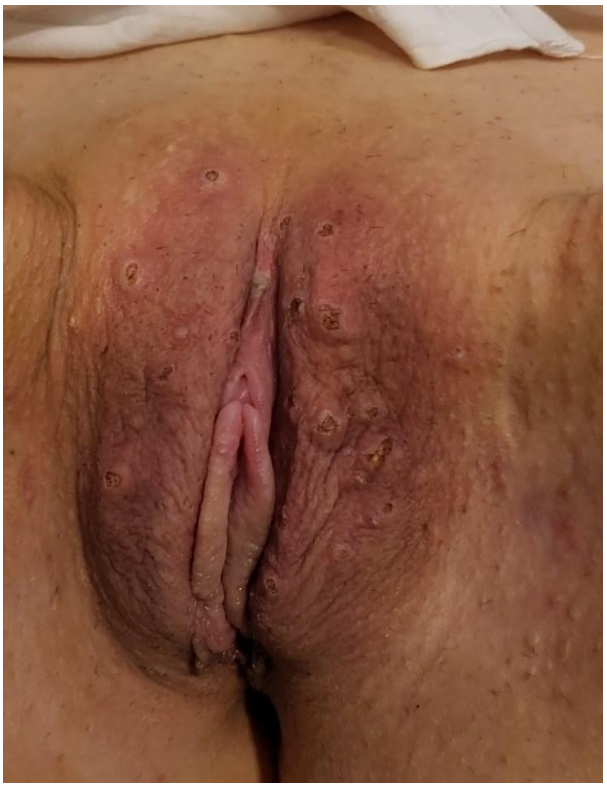
were detected. Fractional CO2 laser ablation was recommended as a treatment option. Consent for laser treatment was obtained. After the laser therapy, patient was discharged with a prophylactic dose of ciprofloxacin. The patient stated that there was no pain during the procedure and that there were no complaints except for a mild burning on the first day after the procedure(Figure 2).The patient has expressed that her pelvic pain was relieved after the treatment.At the 1st week follow-up, the lesions were recovering and no infection or edema was observed.

Figure 1



multiple epidermal inclusion cysts (EICs)

Figure 2



day 1 after ablation with CO2 laser

Conclusion: Pelvic pain intensity decreased from 9/10 to 2/10 after laser therapy. Fractional CO2 laser can be used as an alternative treatment modality in the management of multiple epidermal inclusion cysts.

Keywords: epidermal inclusion cysts, fractional CO2 laser, pelvic pain

2024 International Pelvic Pain Societies (IPPS & Convergences PP & ESSIC) Meeting and 3rd Congress of Society of Pelvic Pain and Endometriosis

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