A-011

Racial variation on semen parameters in infertile men

Soo Bee Chung[1], Kannappan Palaniappan[2]

[1]Sunway Medical Centre Velocity, Kuala Lumpur, Malaysia, [2]Sunway Medical Centre, Selangor, Malaysia

ABSTRACT

Introduction: Aim is to study the association of ethnicity on semen parameters in infertile male patients who presented to Sunway Fertility Centre, Malaysia. **Objective:** The aim of this study is to retrospectively review data of semen analysis to identify any variation by ethnicity. **Methods:** Retrospectively data was retrieved from electronic database from a single urban fertility centre and reviewed from 2017-2020. Inclusion criteria: (i) Malaysian (ii) aged 25 to 35 years old (iii) no medical illnesses (iv) first semen analysis (v) no prior supplements or treatment (vi) non-smoker. The semen analysis is according to the 2010 World Health Organization criteria. Ethnicity data was classified into Malay, Chinese and Indian. **Results:** A total of 300 patients were reviewed with 100 patients from each ethnic group. Of these, 78 samples (26%) were asthenospermia, where Indian patients had the highest counts of asthenospermic (42%), followed by Chinese patients 31% and Malay patients 24%. While in the 9% who had teratozospermia, 46% were Indian patients, 31% Malay patients and 23% Chinese patients. In the normal semen analysis, 23% Indian patients, 33% Malay patients and 44% Chinese patients. However, there was no ethnic difference among the 15% of the total samples who were oligoasthenoteratozospermic and 2% who were Azoospermic. **Conclusion:** There seems to be a higher preponderance of semen abnormalities among the Indian ethnic group. This needs to be analysed further.

A-012

Fertility sparing approach for the management of a rare ovarian sex cord tumour in pregnancy

Albert Tan Chao Chiet, Mohamad Faiz Bin Mohamed Jamli

Department of Obstetrics and Gynaecology, Hospital Tuanku Ja'afar, Seremban, Negeri Sembilan, Malaysia

ABSTRACT

Introduction: Ovarian sex cord tumour is an ovarian neoplasm that arises from the stromal ovarian tissue, and commonly presents during the first few decades of life. We demonstrate fertility sparing treatment option for the management of ovarian sex cord tumours in our patient. **Case Description:** 23-year-old, G1P0 at 13+5 who was previously fit and well, presented with lower abdominal pain for 6 days. Upon examination, the abdomen appeared distended with generalized tenderness. Transabdominal ultrasound scan showed a bilateral enlarged ovaries with solid components, there is increase in colour doppler uptake – doppler index 4, the right ovary measured 9.7 x 7.3 x 6.3 cm, left ovary measured 7.1 x 5.4 x 4.6 cm with ascites. She underwent midline laparotomy and intraoperatively, there was 2L hemoserous ascitic fluid with bilateral enlarged ovaries. There were areas of necrotic tissue and clots seen in the ovarian stroma, the tissue was friable and oedematous, the ovarian surface was smooth with areas that have ruptured. A right salpingoo-ophorectomy, left partial oophorectomy and omental biopsy was performed. Her subsequent post-op period was uneventful. Her antenatal scan post-operatively were unremarkable, she then had a Caesarean section delivery at 34 weeks delivering a healthy baby with no evidence of tumour recurrence. **Discussion:** Fertility sparing approach can be considered as an option in the treatment of patients with an ovarian sex cord tumour.