Primary unruptured and advanced gestational age ovarian pregnancy in a low resource setting

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ABSTRACT

Introduction: The incidence of ectopic pregnancy has been reported to be as high as 11 cases per 1,000 pregnancies. It is seen in 2-3% of women attending early pregnancy assessment unit. Even with increasing awareness of ectopic pregnancy among women, the prevalence of ectopic pregnancy is showing an increasing in trend worldwide. This is especially so in developing countries. **Case Description:** We report a rare case of ectopic pregnancy which was diagnosed in the mid-trimester. She was referred to a tertiary centre where she was confirmed to have ovarian pregnancy (OP) after MRI and surgical intervention. Due to advanced gestation, total unilateral salphingoophorectomy was done. **Discussion:** This is a rare case of ovarian ectopic presenting at an advanced gestational age. From our literature review, only 12 cases have been reported from a period of 1948 till 2020. There are diagnostic challenges as transvaginal ultrasound only has 2.53% detection rate and in the majority of cases the final diagnosis was only made intraoperatively. 3D-Ultrasound has increased sensitivity in detecting OP while MRI provides excellent tissue contrast over the implantation sites and enables surgeons to strategize the operation and minimize intraoperative complications. In this modern era, ovarian pregnancy is still diagnosed mainly through surgical intervention despite the progress of transvaginal ultrasound and MRI.

Validation study of AR Gynae endotrainer

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ABSTRACT

Introduction: AR Gynae endotrainer is a mobile box trainer that was invented specifically for the practice of laparoscopic surgery in gynaecology. It is the first of its kind invented locally in Malaysia with the intention of making it available to gynaecologists at an affordable price. We aim to validate the AR Gynae endotrainer, as a comparable box trainer for gynaecology laparoscopic training, comparing it with Karl Storz SZABO-BERCI-SACKIER laparoscopic trainer. **Methods:** Participants were assigned to perform two specially designed tasks used for laparoscopic training using both endotrainers. Participants evaluated both simulators regarding design, ports placement, visibility, ergonomics, triangulation of movement, fulcrum effect, depth perception, ambidexterity, resources for training and resources for teaching and the time taken for participants to complete the tasks. 13 Obstetrics & Gynaecology trainees and 13 Surgical trainees were involved in this study. **Results:** Better performance was observed with AR Gynae compared to Karl Storz endotrainer in 5 out of 10 items evaluated. The overall score of AR Gynae endotrainer (median of 3.98) was comparable to that of Karl Storz endotrainer (median of 3.91) with p=0.519. For design and resources for teaching, the evaluation for AR Gynae endotrainer was significantly higher with p-values of 0.003 and 0.032, respectively. The time taken to complete both tasks were comparable on both endotrainers. Also, the AR Gynae endotrainer was cheaper. **Conclusions:** The AR Gynae endotrainer was a convenient and cost-effective laparoscopic simulator for gynaecology laparoscopic training and comparable to the established Karl Storz SZABO-BERCI-SACKIER laparoscopic trainer.