



International Conference on

ADVANCED EALTHCARE, HOSPITAL MANAGEMENT, AND PATIENT SAFETY

SCIENTIFIC PROGRAM

DAY 1 NOVEMBER 18, 2024

08:30-09:30 | Registration Desk Opens

09:30-10:00 | Opening Ceremony & Inaugural Address

KEYNOTE FORUM

- 10:00-10:45** **Kadhim Alabady**, Dubai Health Authority, UAE
Title: Needs and associated priorities with gynecological cancers?
- 10:45-11:30** **Kurt R. Karst**, Phelps & McNamara, P.C., USA
Title: The hatch-waxman amendments at 40! where has the United States generic drug industry been and where is it headed under the hatch-waxman amendments?

COFFEE BREAK | 11:30-11:45

- 11:45-12:45** **Nexim Healthcare Consultants Inc., Canada**
Title: Brief profile and experience to-date including awards & Credits

Sessions : General Gynecology | Geriatric Gynaecology | Gestational Diabetes | Gynaecologic Oncology | Women's Health | Advanced Healthcare Technologies | Hospital Management and Administration | Patient Safety and Quality Care | Medical Ethics and Legal Aspects | Healthcare Policy and Regulation

Chair: Kadhim Alabady, Dubai Health Authority, UAE

- 12:45-13:15** **Natalia Lugovaia**, Synergy University, Russia
Title: Efficacy of body-oriented psychotherapy in alleviating symptoms of primary dysmenorrhea and premenstrual syndrome in reproductive-aged women: A systematic evaluation

GROUP PHOTO | 13:15-14:15 | LUNCH BREAK

- 14:15-14:45** **Balsam Al Hashimi**, UCL Institute for Women's Health, UK
Title: Euploidy's hidden potential: Emerging insights from abnormal fertilized embryos
- 14:45-15:15** **Harshiba Manmohan Singh**, Madhukar Rainbow Children's Hospital and Birthright, India
Title: Adverse perinatal outcomes in intrahepatic cholestasis of pregnancy in a tertiary care teaching hospital
- 15:15-15:45** **Raef Faris**, Imperial College Healthcare NHS Trust, UK
Title: Low ovarian reserve, do they have a chance?
- 15:45-16:15** **Lydia Marié-Scemama**, Obstetrician Gynecologist, France
Title: How the gynecologist is involved with the prevention of cardiovascular disease in perimenopausal and menopausal women

COFFEE BREAK | 16:15-16:30

Luis Carlos Franco Ayala, Universidad de Los Andes, Colombia

16:30-17:00

Title: Development, validation and diagnostic accuracy of the fetal lack of responsiveness scale, for diagnosis of severe perinatal hypoxia

END OF DAY 1

DAY-2 NOVEMBER 19, 2024

Registration Desk Opens

Opening Ceremony & Inaugural Address

Keynote Forum

10:00- 10:45

Anish Nicholas Patel, Sidra Medicine, Qatar

Title: Project change plan for improving access to care

Scientific Sessions

Sessions : General Gynecology | Geriatric Gynaecology | Gestational Diabetes | Gynaecologic Oncology | Women's Health | Advanced Healthcare Technologies | Hospital Management and Administration | Patient Safety and Quality Care | Medical Ethics and Legal Aspects | Healthcare Policy and Regulation

10:45-11:15

Shruti Garg Indoriya, Fellow in Cosmetic Gynecology, UAE

Title: Umbilical cord blood banking: A future for regenerative medicine

COFFEE BREAK | 11:15-11:30

11:30- 12:00

Fanny Schumacher-Schoner, German Center for Neurodegenerative Diseases (DZNE e.V.), Germany

Title: Caring. compassionate care discharge solutions - management of discharge, transfer, and aftercare for clinics, practices, and patients

12:00- 12:30

Shiva Harikrishnan, Senior Gynaecologist and Obstetrician, UAE

Title: Strategies to navigate deep infiltrating endometriosis

12:30- 13:00

Sunday Success Mboreng, St Louis University Institute, Cameroon

Title: Empowering women's health in Cameroon: Innovation, insights and impact

LUNCH BREAK | 13:00-14:00

14:00- 14:30

Hanieh Ghorbani, Bu Ali Clinic, Iran

Title: Designing and formulation of herbal tightening vaginal tampon and anti-sperm spray as a device to increase couple's sexual satisfaction, a hidden divorce factors and taboo in GCC and MENA

14:30- 15:00

Syed Ali Hussein Abdi, Ajman University, UAE

Title: A comparative piloting of determinants of self-medication among university students in the MENA region; UAE and Jordan as an example

Amna Ibrahim Zaidan, Dubai Academic Health Corporation, UAE

15:00- 15:30

Title: Suspected Partial Molar Pregnancy with Coexisting Fetus in the Third Trimester Differentiated from Placental Mesenchymal Dysplasia

Arwa Leelawalla, Gulf Medical University, UAE

15:30- 16:00

Title: Maternal age and birth outcomes: A study in Ajman, United Arab Emirates

COFFEE BREAK | 16:00-16:15

Huang Wei Ling, Medical Acupuncture and Pain Management Clinic, Brazil

16:15- 16:45

Title: Why is it increasing the number of pregnant with thrombophilia?

Chelsea S de Leon, Eastern Visayas Medical Center, Philippines

16:45- 17:15

Title: Factors associated with interpretation of physical exam findings among child sexual abuse victims assessed at the women and children protection unit in a tertiary government hospital: A retrospective study

Moutaz A Alqurashi, Al-Kharj Armed Forces Hospitals, Saudi Arabia

17:15- 17:45

Title: AI applications in healthcare: Assessing diagnostic accuracy and challenges in Saudi Arabia

Mohamed M Hosni, London North West Endometriosis Centre, UK

17:45- 18:15

Title: Emerging trends in the treatment of endometriosis. It is time to know what we do not know. A prospective cohort pilot multisite study

Swetha Kannan, Gulf Medical University, UAE

18:15- 18:45

Title: Ectopic pregnancy: A case of consecutive occurrences of different types

PANEL DISCUSSION

AWARDS AND CLOSING CEREMONY



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DAY 1

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NOVEMBER 18-19, 2024 | DUBAI, UAE

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Keynote Forum

DAY 1

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Needs and associated priorities with gynecological cancers?

Kadhim Alabady

Dubai Health Authority (DHA), UAE

Background: Cancers that occur in a woman's reproductive system are called gynecological cancers. Gynecologic cancers are the uncontrolled growth and spread of abnormal cells originating in the female reproductive organs. There are five main types of cancer affect a woman's reproductive organs: cervical, ovarian, uterine, vaginal, and vulvar. As a group they are referred to as gynecologic cancers.

Purpose: It is important to assess the needs for gynecological cancer care in order to provide high-quality care and achieving cancer satisfaction for patients and their families through improving services and ensuring delivering effective and equitable care and treatment for women with gynecological cancer.

Method: In order to carry out the gynecological cancer needs assessment we have used qualitative data methods to gather evidence, which involved conducting 21 separate focus groups or in-depth interview sessions, brought together 81 cancer experts including oncologist, radiologists, pathologists, gynecologists, psychologists, nurses, Pharmacists from the public and private sectors of Dubai.

Results:

- It was observed that in the last fifteen years, there is variation of cancer trends among females. The top 10 most commonly diagnosed cancer in females were: Breast, gynecological, thyroid, colorectal, hematological, lymphomas, lung, stomach, brain, and skin.
- Almost 50% were uterine cancer / endometrial cancer. Endometrial cancer was seen more common among women aged 50 or more.
- Approximately 30% were cervical cancer. More commonly seen in expatriate women than local women (this is contrary to the endometrial and ovarian cancers where the rates were seen equivalent between both groups). Nearly 99% of women diagnosed with cervical cancer in Dubai were HPV positive. Most of the women diagnosed with cervical cancer showed late at stage 2 or more. Cervical cancers appeared more at age 30s and at late ages.
- Around 10–20% were ovarian cancer. Most of ovarian cancers show at advanced stage due no symptoms linked to the cancer and no screening tool to identify it as early as possible. The women most affected are postmenopausal women (aged 50 and above) as primary cause. Young women on their 30s could get affected as secondary cause from other organs such as GIT.
- Rarely vaginal and vulvar cancers were seen.

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Biography

Kadhim Alabady is a Fellow of the Royal College of Physicians and Surgeons of Glasgow and Fellow of the Faculty of Public Health, UK. He holds a doctorate degree in public health and epidemiology, a master's degree in clinical epidemiology (MSc), and a master's degree in public health (MPH), all from Dutch universities with broad experience driving research and development (R&D) strategies and operations. He has worked in public health since 1999.



The hatch-waxman amendments at 40! where has the United States generic drug industry been and where is it headed under the hatch-waxman amendments?

Kurt R. Karst

Hyman, Phelps & McNamara, P.C., USA

The Drug Price Competition and Patent Term Restoration Act of 1984, which is popularly known today as the “Hatch-Waxman Amendments,” revolutionized the generic drug industry in the United States. The Hatch-Waxman Amendments are intended to balance innovation (i.e., the development of new drugs) with accelerating the availability to consumers of high quality and lower-cost generic and follow-on alternatives to brand-name drugs. Although the Hatch-Waxman Amendments serve various goals, the overarching purpose of the Hatch-Waxman Amendments is to make available more low-cost generic drugs. In favor of innovation, the Hatch-Waxman Amendments amended the United States patent laws to allow the United States Patent and Trademark Office to extend (restore) the term of a patent that covers a new drug that is the subject of a New Drug Application to account for time during the Food and Drug Administration’s regulatory review period when the patented drug cannot be marketed and sold in the United States, and amended the Federal Food, Drug, and Cosmetic Act to provide certain types of regulatory exclusivities during which FDA could not accept or approve a generic or follow-on drug, and to require the listing of and certification by a potential generic competitor to—certain patent information listed in FDA’s “Orange Book.” In favor of generic and follow-on drug competition, the Hatch-Waxman Amendments amended the new drug approval provisions of the FDC Act to add Section 505(j) for Abbreviated New Drug Applications and Section 505(b)(2) for “hybrid” New Drug Applications. This session will (1) explore the various pendulum shifts between brand-name and generic drug manufacturers that have occurred over the 40 years since the Hatch-Waxman Amendments were enacted in September 1984; (2) assess how well the law has met its goals; and (3) consider where the future of the law might be.

Biography

Kurt R. Karst provides regulatory counsel to pharmaceutical manufacturers on Hatch-Waxman patent and exclusivity, drug development, pediatric testing, and orphan drugs. He helps clients develop strategies for product lifecycle management, obtaining approval, managing post-marketing issues, and defining periods of exclusivity. As the co-founder and primary author of Hyman, Phelps & McNamara’s FDA Law Blog, Mr. Karst often leads the response to new rules and regulations, sharing his interpretation with the broader legal community.



WORKSHOP

DAY 1

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Brief profile and experience to-date including awards & Credits

Nexim Healthcare Consultants INC (NHCI) is a leading North America-wide healthcare, home, and social care staffing firm that is regulated & accredited by Accreditation Canada. We operate through five hubs and close to 50 full-time back-end administrative, training, quality control, management, and finance staff out of three Ontario service support centers and one each in Alberta and New Brunswick in Canada.

Our strategically located back-end support hubs in Toronto, Barrie, Calgary, Moncton, and Hamilton offer live in-office support 24/7/365 days per year—one of the few organizations in our space to provide this assurance to our clients.

This organizational approach ensures that our clients can rest assured that they'll get the same attention no matter when they contact us. We want our partners to feel secure and well-cared for, knowing our team is always there for them.

Internationally, we operate through a network of satellite partner/firms who we have been trained to use our high quality carefully designed standard operating protocols to help pre-qualify credential, assist in language test. For international healthcare, general labour, accounting and social care talents. We currently have active partner agencies in west, east & southern Africa, The Caribbean, Southeast Asia, western Europe and North America. Through these agents NHCI actively looks for recruits, validates their credentials and helps to connect them to organizations all over the world.

Our clients include but are not limited to Hospitals,, mining companies, organizations supporting individuals with developmental delays, Dental clinics, Long term care and retirement homes, Correctional facilities/ prisons and early learning or day care centres.

To these we provide Nurses, doctors, social workers, Early childhood care assistants, Healthcare assistants, personal support workers, medical office assistants, pharmacists, dentists, dental hygienists and administrative support staff – general managers, care coordinators, schedulers, janitors, dieticians & food handlers.

Awards and citations

We have won and been nominated for several community, employment and corporate awards, including but not limited to Employer of the Year 2022 with the Barrie Chamber of Commerce. Final nominee for Corporate social responsibility award 2023 at the 2024 Canada National SME awards, SME of the year 2023 at the 2024 Canadian National business Awards and are an accredited organization with Accreditation Canada.

These accolades, which recognize our excellence in service provision, corporate responsibility, and commitment to quality, are a testament to our unwavering commitment to meeting our customers' needs 24/7/365 days a year.

Our leaders have been cited, profiled or featured in several corporate and other publications including but not limited to Globe and Mail news papers, Chief Executive Magazine, Canada National SME Magazine, Enterprise World Magazine. This is a testament to our leadership, innovations and contributions to our industry and the world at large.

Core competencies

Experienced & tenured senior management team.

Our senior management has over 10 years combined senior management experience gained over working in roles that include business operations, strategy, finance, healthcare, and back-end operations support services on 4 continents – Africa, Europe, Asia and now North America. The team is composed of chartered accountants, postgraduates in business administration, graduates of social work and education. This experience is brought to the service of our clients.

Expertly designed and integrated suite of technological innovations

Our suite of IT systems and protocols is not just excellent, but also proven to be efficient. These systems seamlessly integrate client and staff tracking, scheduling, credentialing, intake, finance, and reporting, operating as a cohesive unit to serve our clients 24/7/365 days per year.

Large country wide database of placeable candidates of all grades

We maintain a large database of placeable healthcare workers, and we meticulously match their credentials and qualifications to the specific needs of our clients.

Dynamic and flexible business plan and model

We seek to address the country's current and future health and social care manpower needs through talent acquisition, retention, development, and placement through our carefully designed SOPs that optimize benefits for both our clients and staff.

Cash flow stability

Strong financial and working capital position - we have an extensive operating line with one of the big five banks in Canada – this helps ensure we can meet the working capital needs of our business as we grow.

Strong operating protocols as we will detail in our SOPs

Strong, proven and excellently built statement of operating protocols through which we deliver services to our clients.

Vertical integration to aid talent acquisition and development

An efficiently implemented vertically integrated strategy which includes: a sister private career college, transport & logistics and the ability to hire and integrate Internationally Educated Nurses (IENs) into the labour force. For NL- we are acutely aware of the CRNNL's approved accelerated pathway for IENs from some designated countries – some of which are the UK, The Philippines and Nigeria where we already have active recruitment partnerships.

Dynamic and growing the healthcare sector

We operate in a growing healthcare staffing sector, given the increased needs across the healthcare continuum, which is a great opportunity to be part of.

Some risks we face

We also acknowledge that we face some risks, including shrinking healthcare talent due to retirements, attrition, and career changes caused by burnout and the intensity of our work.

With that analysis of our strengths, weaknesses, threats, and opportunities, we are a solid business with a strong position in our industry that has won and been nominated for several high-profile awards (per our corporate profile) that is accredited with Accreditation Canada.

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This quality control accreditation mark underscores our commitment to leadership in delivering quality third-party staffing services among our many accolades.

Increasing service capacity through increased investment in infrastructure

Also, as part of our drive for excellence and growth in our industry, we have invested close to \$4M to build a new state-of-the-art operational hub and support center in the city of Hamilton. When fully staffed, this center is expected to augment our across-the-country growth plans through increased human and fixed asset capacity to fully meet the ever-growing needs of our clients over the next decades and more. This hub capacity increases our desk space by over 40 workstations and provides many opportunities to scale up as our clients' needs change or increase.

NHCI grants 15% of its net earnings to its sister charity organisation - Nexim International Development Organization (NIDO) whose mandate is to advance access to education, wildlife conservation and the fight against climate change in the developing world with a focus on east and southern Africa.

Our work impacts about 1000 students directly and more than 3000 families indirectly through job creation (sponsoring eco-design stoves) which is an added value to the supply chain. For more information, please visit our website - <http://www.nidocommunity.com>



Scientific Abstracts

DAY 1

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Efficacy of body-oriented psychotherapy in alleviating symptoms of primary dysmenorrhea and premenstrual syndrome in reproductive-aged women: A systematic evaluation

Natalia Lugovaia

Synergy University, Russia

CONTEXT: Dysmenorrhea and premenstrual syndrome (PMS) are prevalent among reproductive-aged women, significantly impacting their quality of life and daily functioning. These conditions often result in irritability, anxiety, depression, and decreased productivity.

Objective: This study evaluates the effectiveness of body-oriented psychotherapy in mitigating the symptoms of PMS and primary dysmenorrhea among women of reproductive age. Research methods: Sixty women with diagnosed dysmenorrhea or PMS were interviewed as part of a structured survey based on the Menstrual Distress Questionnaire (MDQ) and the Menstrual Distress Inventory (MDI). Following this, the participants underwent a course of body-oriented psychotherapy lasting from 14 days to 2.5 months. Pre- and post-intervention assessments were conducted to evaluate changes in pain levels and emotional well-being.

Research Results: Post-intervention analysis revealed a significant reduction in pain for 96% of participants, with 68.4% reporting improved emotional states and 36.4% experiencing reduced somatic symptoms. Common symptoms like headaches (65%), mastalgia (88%), pelvic and abdominal pain (100%), gastrointestinal disturbances (80%), and eating behavior disorders (93%) showed marked improvement.

Conclusion: The results of this study contribute to our understanding of the effectiveness of body-oriented psychotherapy and suggest its potential as a non-pharmacological treatment option for reducing PMS and dysmenorrhea symptoms.

Biography

N.A. Lugovaia is a sex-educator, author, and researcher at Synergy University, Moscow. She authored "Falling in Love With Your Body," focusing on body image and sexual satisfaction. Her research interests include women's health, body image, sexual satisfaction, and body-oriented psychotherapy. She has published in peer-reviewed journals, received an award for the best scientific work, and participated in conferences in Psychology and Sexology. She holds an education license to train sexologists, appears on TV shows, and publishes in international magazines. Lugovaia promotes holistic approaches to women's well-being through her research and education efforts.

Euploidy's hidden potential: Emerging insights from abnormal fertilized embryos

Balsam Al Hashimi

UCL Institute for Women's Health, UK

In IVF, zygotes displaying successful extrusion of the second PB and 2PN are considered "normally fertilized" and cultured further to be used for treatment. In contrast, zygotes showing a single or more than 2PN are deemed unfertilized or abnormally fertilized. However, some can ultimately develop into normal embryos, which may lead to live birth. We present a single-centre retrospective observational study of 101 blastocysts classified as abnormal through standard fertilization check post-IVF(41 embryos) and ICSI(60 embryos). Their diploid rate respectively was 1PN(92% vs 53%), micro PN (100%), 3PN 54% vs 36%) and 4PN (0% vs 50%). Embryos were subjected to genetic testing utilizing a validated targeted next-generation sequencing-based PGT-A protocol. The protocol's proven efficacy lies in distinguishing between haploid, diploid and triploid samples, a distinction made possible by the parallel analysis of genotyping data and chromosome copy number variations. Embryos were divided into two groups based on their fertilization method. Group A: involved embryos resulted from IVF; 54% were diploid, with 15% euploid from 3PN. From 1PN, 92% were diploid, 54% euploid. Micro PN had a 100% diploid rate of 33% were euploid. No diploid embryos were reported from 4PN fertilization. Group B: involved embryos resulted from ICSI; 36% were diploid; 14% were euploid from 3PN. From 1PN, 53% were diploid, 40% euploid. Micro PN had a 100% diploid rate; 23% were euploid. 4PN had a 50% diploid rate and no euploid. Remarkably, two live births were reported, one from 1PN and the other from Micro PN. One ongoing pregnancy with normal prenatal testing from 3PN fertilization. To our knowledge, this is the most extensive cohort study analysing embryos resulting from abnormal fertilization. It has implications for clinical practice and gives an extra chance for patients, particularly those with a low number of eggs, in response to controlled ovarian stimulation.

Biography

Balsam Al Hashimi is a registered clinical scientist by the Health and Care Professions Council (HCPC) - United Kingdom and certified senior embryologist by the Canadian Fertility and Andrology Society (CFAS). She obtained a master's degree in clinical embryology from the University of Leeds. Currently she is Deputy Laboratory Manager & Lead Embryologist in Genetics working at the London Women's Clinic (LWC). Balsam is Officer trainer- Scientist Training Program (STP)/ Association of Clinical Embryologists (ACE). She is currently registered as a PhD student at University Collage London (UCL).

Adverse perinatal outcomes in intrahepatic cholestasis of pregnancy in a tertiary care teaching hospital

Harshiba Manmohan Singh

Madhukar Rainbow Children's Hospital and Birthright, India

AIM: To study adverse perinatal outcomes including preterm birth, meconium stained amniotic fluid (MSAF), NICU admissions, stillbirths in Intrahepatic Cholestasis of Pregnancy over a period of 5 years 6 months and compare it with controls

Methods and Methodology: This study was conducted in a tertiary care teaching hospital over a period of 5 years 6 months. It was a retrospective and prospective observational case-control study. Patients included were singleton pregnancies with pruritus without rash and a serum bile acid level >10 micromol/L. Seventy five cases and controls were recruited. Cases were further divided into three groups based on bile acid values, $10-39$ $\mu\text{mol/L}$ - mild, $40-99$ $\mu\text{mol/L}$ - moderate and ≥ 100 $\mu\text{mol/L}$ - severe IHCP. The details of induced/spontaneous labor, gestational age at birth, mode of delivery and baby weight and centiles were observed in both groups. Adverse outcomes like preterm birth (<37 weeks), MSAF, NICU admission and stillbirth were recorded.

Results: The primary outcome studied was preterm labor (<37 weeks) which was seen in 17 out of 75 cases (22.7%). Out of these, 12 (70%) had a spontaneous onset of labor whereas 5 (30%) had iatrogenic preterm birth. When spontaneous births in both groups were compared the preterm births in the cases 12/75 (16%) and in controls were 4/75 (5.3%), (odds ratio-3.371, 95% CI 1.247-9.108). There was also a significant difference in the number of births with MSAF between both groups, 21/75 (28%) in the cases compared to 10/75 (13.3%) in the controls (OR-2.528, 95% CI 1.097-5.826). There were 3 stillbirths in the IHCP group whereas none in the control group.

Conclusions: Serum bile acid monitoring is of utmost importance to balance the risk between late preterm delivery and occurrence of stillbirth. These women should be individualized for serial bile acid testing based on gestational age, previous bile acid levels and other coexistent conditions like GDM and preeclampsia to decide a suitable time for delivery.

Biography

Harshiba Manmohan Singh is a dedicated Obstetrician and Gynecologist with over a decade of experience specializing in maternal-fetal medicine. With a focus on high-risk pregnancies and advanced ultrasound diagnostics, she is licensed by the Dubai Health Authority and the Fetal Medicine Foundation. Dr. Singh is passionate about implementing innovative protocols aimed at reducing maternal and fetal complications, demonstrating her commitment to advancing women's health. Through her expertise and compassionate approach, she provides exceptional care and support to her patients, ensuring the best possible outcomes for mothers and their babies.

Low ovarian reserve, do they have a chance?

Raef Faris

Imperial College Healthcare NHS Trust, UK

Background: Ovarian reserve and woman's age are two of the main factors affecting IVF outcome. Whether to treat or not in these situations, has always been a debatable issue. Appropriate advice to patient is hampered by conflicting data regarding management strategies and outcome.

Objectives:

- A) To discuss relation between the predictors of ovarian reserve, poor ovarian response and pregnancy outcomes
- B) To allow the optimal use of these predictors in offering the best advise and treatment to our patients.
- c) To compare different options of IVF treatment and outcomes

Methods: Interrogation of retrospective data of IVF treatment outcome in a Large Fertility Unit in London. Multivariate and regression analysis is used to produce prediction and efficiency curves.

Summary: The Lister Fertility Clinic, London, UK, is a world-renowned unit that carries out around 2500 IVF cycles a year. It is a well-known referral centre for challenging fertility cases. I aim to share our experience in dealing with women having adverse factors that would compromise their fertility outcome. Importantly, data relating to treating women with poor ovarian reserve will be presented. The data and presentation will give a guide to counsel patient who are difficult to treat. Understanding of their chances will always be an effective tool in management of such challenges.

Biography

Faris is a Gynaecology consultant based at the Lister Fertility clinic, since 2002. He qualified from Cairo University in 1991 where he obtained his MSc. Degree in 1998. He moved to the UK in 1999 and obtained the FRCOG. His clinical training in the UK in Obstetrics and Gynaecology was completed at Nottingham University Hospitals. He is an accredited laparoscopic surgeon by the RCOG and obtained the European Universities Diploma of Operative Gynaecological Endoscopies at Université d'Auvergne, Clermont-Ferrand France in 1999. He has been involved in research in reproductive medicine, which has been published nationally and internationally.

How the gynecologist is involved with the prevention of cardiovascular disease in perimenopausal and menopausal women

Lydia Marié-Scemama

Obstetrician Gynecologist, France

Cardiovascular risk in women over 40. The role of teamwork by the GP and/or cardiologist and the gynecologist. As we know, CVD is the first cause of female mortality. In 2024 the principal challenge is to reduce mortality rates through preventive measures.

Sometimes, because access to specialists needs a referral from a GP, in many countries some women never see a cardiologist but are used to visiting a gynecologist for questions of female health (i.e., contraception, perimenopause, menopause, cancer prevention). These visits may occur several times a year. So, the gynecologist often plays a cross-over role, not only taking care of specific gynecological problems but also questions relating to the general health of the patient and particularly CVD. In one sense, we can see that the gynecologist becomes the woman's GP so it is essential that they not limit themselves to strictly gynecological questions. They should always take a comprehensive history of the patient which includes personal circumstances, reproductive history and health issues in the wider family. It is also essential to educate patients regarding the role of physical exercise, sleep, diet and eliminating tobacco, in maintaining good health and preventing CVD. In addition, it is essential to insist on the role of their obstetrical history (pre-eclampsia, toxemia, gestational diabetes). Even if the signs for alarm regarding coronary artery disease are usually the same in males and females, sometimes women complain of digestive pain or anxiety which can lead to a misdiagnosis of irritable bowel syndrome or stress. So instead of being treated as an emergency, care is delayed. In this presentation we will emphasize the importance of the gynecologist working hand-in-hand with the cardiologist, the GP, the nephrologist and the rheumatologist.

Biography

Lydia Marié-Scemama is a Liberal Obstetrician Gynecologist with nearly 30 years of experience in both surgical and medical gynecology. Six years ago, she shifted her focus solely to medical gynecology. She is the President of the Union of Liberal Gynecologists and Obstetricians and Vice President of the French Association for Menopause Studies. A former journalist, Lydia frequently speaks at national and international conferences on topics such as Menopause, Contraception, Menometrorrhagia, and Endometriosis. Fluent in Italian, French, and English, she also teaches DPC courses and is a Knight of the Legion of Honor.

Development, validation and diagnostic accuracy of the fetal lack of responsiveness scale, for diagnosis of severe perinatal hypoxia

Luis Carlos Franco Ayala

Universidad de Los Andes, Colombia

Background: There are limitations to predicting perinatal asphyxia, as current tools rely almost entirely on fetal cardiotocography (CTG). The fetal lack of responsiveness scale (FLORS) is a new diagnostic alternative based on the physiological phenomena associated with fetal hypoxia.

Objectives: The objective of this study was to develop, validate, and assess the diagnostic accuracy of the FLORS for predicting severe perinatal hypoxia (SPH).

Study Design: A two-phase retrospective observational cross-sectional analytical study was conducted. Phase one involved the formulation and retrospective validation of the FLORS. A total of 366 fetal CTG records were evaluated twice by seven readers. Phase two was a collaborative, retrospective, multicenter diagnostic test study that included 37 SPH and 366 non-SPH cases.

Results : Phase one: A numeric, physiology-based scale was developed and refined based on expert opinions. The median time to apply the scale per reading was 38 s. Cronbach's alpha, which is a reliability measure, was significant ($p = 0.784$). The Kappa index for test-retest agreement was moderate to reasonable, with a median value of 0.642. For inter-observer agreement, the Kappa index per variable was: baseline 0.669, accelerations 0.658, variability 0.467, late/variable decelerations 0.638, slow response decelerations 0.617, and trend to change, 0.423. Phase two, including 37 SPH and 366 non-SPH cases, showed a sensitivity of 62.2% and specificity of 75.4% for the two-point score, whereas the three-point score had a sensitivity of 35.1% and specificity of 89.9%. The area under the curve (AUC) was significant at 0.73 (CI 0.645-0.818).

Conclusions: FLORS demonstrated significant internal consistency and observer agreement, with a promising sensitivity-specificity balance and significant AUC. Further research is needed to assess its impact on perinatal hypoxia and cesarean delivery.

Biography

Luis Carlos Franco Ayala is a specialist in gynecology and obstetrics, currently serving as a professor at the Universidad de los Andes in Bogotá, Colombia. With a master's degree in epidemiology, he has dedicated the last six years to research in the field of intrapartum fetal monitoring, focusing on improving perinatal outcomes. His work has led to the development of the FLORS scale, a pioneering diagnostic tool used to detect severe perinatal hypoxia, which has made significant contributions to maternal-fetal medicine. Dr. Franco Ayala's commitment to advancing obstetric care through evidence-based research has earned him recognition within the medical community. His innovative approach and dedication to teaching have inspired future generations of healthcare professionals in the region, solidifying his reputation as a leader in his field.



Keynote Forum

DAY 2

International Conference on
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NOVEMBER 18-19, 2024 | DUBAI, UAE



Project change plan for improving access to care

Anish Nicholas Patel

Sidra Medicine, Qatar

Background: Outline of a project change plan implemented to overhaul patient access services within my organization with 30-, 60- and 90-day target points. This project covers all areas of the patient access department for continuous improvements to be implemented for the patient journey. These changes have been benchmarked against global standards.

Methods: Covers a wide range of patient access functions - call center, referrals, registration and scheduling. Allows an opportunity to share challenges and improvement opportunities from a people, technological and process perspective.

Findings: Identification of key challenges within the services. Process for creating a project overhaul plan with stakeholder engagement. Implementation of changes and ongoing success monitoring.

Discussion:

- Career Development & Leadership (Resume Building, Mentoring, Inspiring Employees, Training, Education)
- Change Management
- Innovation (Process Improvement, New Service Lines, Collaboration)
- Operations (Scheduling, Regulatory, Joint Commission, Competencies, Recruitment)
- Resource Implementation (Standards and KPIs, Resources/Toolkits, Other Tools)
- Technology (AI, Kiosks, Call Center, etc.)

Biography

Anish Nicholas Patel is a Manager for Patient Administration at Sidra Medicine located in Doha, Qatar. This is a tertiary care women and children's hospital which opened in 2016.

Anish is a Clinical Pharmacist by background, however he has branched out into Clinical Operations in recent years with a focus on leading a project plan aimed at continuously improving access to care. His credentials include a Master of Pharmacy with Honours from the University of Nottingham (UK), as well as a Post Graduate Diploma in Clinical Medicines Management, a Certificate in Operations Management and a Certificate in Risk and Compliance Management.



HEALTH CARE
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Scientific Abstracts

DAY 2

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Umbilical cord blood banking: A future for regenerative medicine

Shruti Garg Indoriya

Fellow in Cosmetic Gynecology, UAE

Umbilical Cord Blood (UCB) banking is gaining prominence due to its rich source of hematopoietic and mesenchymal stem cells, which are vital for treating a variety of blood, immune, and metabolic disorders. Hematopoietic stem cells (HSCs) can differentiate into all types of blood cells, while mesenchymal stem cells (MSCs) hold potential in regenerative therapies for tissues like bone, cartilage, and fat. UCB's ease of collection, minimal risk to the donor, and quick availability make it an attractive alternative to traditional bone marrow transplants.

Current clinical applications of UCB primarily involve treating diseases such as leukemia, lymphoma, aplastic anemia, and immune deficiencies. However, ongoing clinical trials are exploring the potential of UCB in regenerative medicine for conditions such as multiple sclerosis, Alzheimer's disease, and heart failure. Private and public UCB banks play a key role in storing these precious cells for personal or communal use, offering the possibility of both autologous and allogenic transplants.

Despite its advantages, UCB banking faces challenges such as limited cell dose, slower engraftment rates, and high storage costs. However, advancements in stem cell research and clinical trials continue to demonstrate the expanding role of UCB in the medical field, with over 80 diseases currently treatable and hundreds of clinical trials underway.

This presentation will explore the science behind UCB banking, its applications, and future directions in stem cell research and regenerative medicine.

Biography

Shruti Garg Indoriya is a highly qualified Fellow in Cosmetic Gynecology, holding multiple prestigious certifications such as MRCOG, MRCPI, and EBCOG. She has a deep interest in the field of regenerative medicine and has conducted extensive research on the potential applications of umbilical cord blood stem cells. Dr. Indoriya is passionate about advancing healthcare practices in gynecology and stem cell therapies, and has contributed to multiple academic and clinical initiatives to further this cause.

Caring. compassionate care discharge solutions - management of discharge, transfer, and aftercare for clinics, practices, and patients

Fanny Schumacher-Schönert

German Center for Neurodegenerative Diseases (DZNE e.V.), Germany

With extensive experience in clinical healthcare and health services research, I aim to shift my focus towards discharge, transfer, and aftercare management for clinics, practices, and patients following the completion of my dissertation at the German Center for Neurodegenerative Diseases (DZNE e.V.). The moment is opportune for a revolution in this domain!

Well-considered discharge, transition, and aftercare management are essential for patient well-being. These procedures are pivotal in guaranteeing that patients receive excellent care not just during their hospitalization but also post-discharge. The journey to complete recovery does not conclude with leaving the hospital. Instead, a critical phase commences: aftercare. Aftercare encompasses not only medical attention but also assistance in reintegrating into daily life and guaranteeing that all essential steps are taken for full recovery.

Individual accountability and adherence: Patient responsibility is a crucial element of recovery. It entails actively engaging and adhering to the guidelines provided by healthcare professionals - this is referred to as compliance. Individuals who consistently take their medication, attend follow-up appointments, and uphold healthy lifestyle practices increase their likelihood of achieving a complete recovery.

The task: Despite the significance of aftercare and compliance, gaps in care after hospital discharge are common. Patients may feel abandoned and stressed when arranging their aftercare. Our innovative solution is an app created to transform patient discharge, transfer, and aftercare management.

What is the significance of that? Benefits: Enhancing patient satisfaction, Decrease in readmissions, Healthcare optimization. How can this be accomplished? 1. Personalized discharge planning, Interdisciplinary cooperation, Effective communication.

Numerous clinics have already made notable advancements through focused discharge and transfer planning initiatives. One clinic disclosed a 15% decrease in readmissions, Enhancement in patient satisfaction by 20%.

Recovery does not conclude with release from the hospital - it is a continuous process that necessitates follow-up care, personal responsibility, and adherence.

Assist us in molding the future of recovery for improved aftercare, increased personal responsibility, and optimal compliance!

Biography

Founder and CEO of Caring. Compassionate Care Discharge Solutions, Scientist at German Center for Neurodegenerative Diseases (DZNE e.V.), Germany

Strategies to navigate deep infiltrating endometriosis

Shiva Harikrishnan

Senior Gynaecologist and Obstetrician, UAE

Biography

Dr. Shiva Harikrishnan has rich clinical experience of more than 30 years in all aspects of obstetrics and gynaecology.

Dr. Shiva Harikrishnan is the first female surgeon in the Middle East and globally to be accredited and recognized by Surgical Review Corporation (United States of America) as a Master Surgeon in Multidisciplinary Endometriosis Care (MSMEC). She is also accredited as Master Surgeon in Minimally Invasive Gynaecology (MSMIG) by SRC, USA and also has Surgeon of Excellence in Endometriosis care by SRC.

She is an expert at managing high risk pregnancies. She performs a variety of procedures by using laparoscopic techniques. These include: diagnostics, ovarian drilling, ectopic pregnancy, surgery for ovarian cysts, total laparoscopic hysterectomy (even for big uterus and previous multiple fibroids), myomectomy (expertise in removing huge fibroids), laparoscopy assisted vaginal hysterectomy, surgery for vault prolapse, sling surgery for prolapse of uterus, sacro-colpopexy, She performs pelvic floor repair. She is an expert in Laparoscopic surgery for Deep Infiltrating Endometriosis as well as diagnostic and operative hysteroscopy, and endometrial ablation.

Dr. Harikrishnan helps patients with the management of gynaecological endocrine disorders, menstrual irregularities, puberty menorrhagia. She provides guidance about prenatal screening, contraception & menopausal problems, preconceptual and premarital counselling, infertility related issues. She gives treatment for polycystic ovarian disease (PCOD) management and conducts cervical cancer screening by pap smear, vulval augmentation with fillers, treatment for vaginismus by Botox treatment.

She is member and fellow of Royal College of Obstetrician and Gynaecologist (MRCOG & FRCOG) UK, and also a fellow of American College of Surgeons, USA (FACS). She is a member of Royal College of Physicians, Ireland (MRCPI) too.

She has completed a diploma in advanced laparoscopy from France and has also been awarded a fellowship in Cosmetic Gynecology by the International Association of Aesthetic Gynaecology (UK) and a Diploma in IVF & Reproductive Medicine from Germany.

Dr. Shiva is a member of British Society of Gynaecological Endoscopy (BSGE) too. She is having fellowship in minimally invasive Gynaecology (FMAS) recognized by world association of Laparoscopic Surgeons (WALS) and also fellowship in Robotic Surgery recognized by International Society of Robotic Surgeons. Dr. Shiva is a member of International Society of Ultrasound in Obs and Gynae (ISUOG), UK.

In spite of her hectic work schedule, Dr. Shiva Harikrishnan finds time to pursue her passion for travelling, gardening and cooking. She can speak English, Malayalam, Tamil, Hindi and Arabic.

Empowering women's health in Cameroon: Innovation, insights and impact

Sunday Success Mboreng

St Louis University Institute, Cameroon

Women's health in Cameroon faces significant challenges, shaped by social, economic, and cultural factors that limit access to quality healthcare. Addressing these challenges requires innovative approaches that focus on empowering women, enhancing healthcare systems, and fostering sustainable community engagement. This abstract explores the impact of targeted health interventions, policy reforms, and community-led initiatives aimed at improving women's health in Cameroon. Key areas of focus include maternal and reproductive health, access to sexual health education, and tackling gender-based violence. These efforts combine cutting-edge innovations such as mobile health technologies with traditional methods, fostering inclusivity and equity in healthcare delivery. Insights from recent projects underscore the importance of multidisciplinary collaboration between healthcare providers, policymakers, and local communities. Community health workers and grassroots organizations play a pivotal role in expanding access to care in underserved regions, educating women about their health rights, and providing vital services. The engagement of women in the design and implementation of health initiatives further ensures that solutions are culturally sensitive and effective. The impact of these interventions has been transformative, leading to improved health outcomes, increased autonomy among women in managing their health, and the promotion of gender equality within healthcare settings. Future strategies will emphasize scaling these interventions nationwide, ensuring that no woman is left behind in accessing essential health services. By highlighting innovations and sharing insights from the field, this presentation aims to inspire further efforts to empower women in Cameroon and beyond, showcasing the potential for lasting, impactful change in women's health outcomes.

Biography

Sunday Success Mboreng has completed her BSc at the age of 22 years from St Louis University Institute Cameroon and is currently looking to pursue a masters in public health. She is a promising midwife and has volunteered at various hospitals within the 4year duration of her BSc program.

Designing and formulation of herbal tightening vaginal tampon and anti-sperm spray as a device to increase couple's sexual satisfaction, a hidden divorce factors and taboo in GCC and MENA

Hanieh Ghorbani

Bu Ali Clinic, Iran

The therapeutic and traditional use of *Sesamum indicum*, *Punica granatum* and *Quercus infectoria* is investigated which surpasses with careful exploration due to its rich reserve of useful compounds. The active ingredient are Dry Pomegranate skin with 38% tannins from Aras Region (Iran), and Green Mazoj With 47% tannins from of Kurdistan (Iran) and Sesame Seed with 78% Sesamolol from the Semiram Region of Isfahan, (Iran). These strategic choices based on economic feasibility are processed with modern laboratory methods and reach their peak with various applications in pharmaceutical formulations. The remarkable innovations of these therapeutic products are designed in three sizes (45- 55-65 mm in diameter and 80-100 mm in length) Tampons suitable for all female anatomies for external use.

Maximum inability of sperms at the target point (penis) is remarkable after 10 minutes from spraying and could respray each 10 min.

Tampons act for tightening and narrowness of the vaginal canal will extent up to virginity levels with a duration of Minimum 36 hours up to next mens times, about 10-14 days Due to woman's age, number and type of child birth, Physical fitness, and life styles by using 5 pieces each 2 hours interval, 24 hours before intercourse.

This important factor may cause increasing sexual satisfaction and libido between Couples and could act as a major hidden reason in divorce prevention (%9 in a study in IRAN) which is a taboo in traditional societies like GCC, Asia and MENA.

Biography

Hanieh Ghorbani is a distinguished physician at Bu Ali Clinic in Iran. Known for her expertise and compassionate care, Dr. Ghorbani has dedicated her career to improving patient outcomes through innovative treatments and a holistic approach to healthcare. With a strong academic foundation and extensive experience in clinical practice, she plays a vital role in the clinic's operations and patient care services. Dr. Ghorbani's commitment to her profession is evident in her active engagement with medical advancements and patient-centered initiatives, making her a respected figure in Iran's healthcare community.

A comparative piloting of determinants of self-medication among university students in the MENA region; UAE and Jordan as an example

Syed Ali Hussein Abdi

Ajman University, UAE

Purpose: Unsupervised self-medication (SM) is a global public health concern. University students are particularly vulnerable due to misperceptions of improved academic performance and thus are at risk of dependence, addiction, and drug overdose. Past studies have shown an alarming prevalence of SM among university students in the Middle East and North Africa (MENA) region. However, there is a scarcity of reports from the region dissecting determinants of SM. Therefore, this study aimed to determine the prevalence and epidemiological correlates of SM among university students and its perceived impact on their academic performance.

Methods: Two countries in the MENA region were surveyed in a cross-sectional design; UAE and Jordan. Through a stratified sampling technique, undergraduate students in both healthcare and non-healthcare majors of study were recruited to participate. A structured, self-administered questionnaire developed for the purpose of this study was distributed to consented participants via the university's official email. Statistical analyses were performed using SPSS. Descriptive and inferential statistics were used to analyze data. A p-value <0.05 was considered statistically significant.

Results: A total of 362 students participated in the study (74% were females, 60% were from the UAE, and 59% were in healthcare majors). Significantly higher prevalence rates and adjusted odds of SM were found among females, students from Jordan, and those in healthcare majors, particularly for paracetamol (90.2% of females [p=0.001], 88.3% from Jordan [p=0.03], 92.5% in healthcare majors [p=0.001]) and antibacterial drugs (48.9% of females [p=0.01], 60.7% from Jordan [p=0.001], 53.3% in healthcare majors [p=0.001]). Majoring in healthcare fields was the most consistent determinant of such practice, while social influences of family and friends represented the chief source of recommendation. Only 21% of respondents assumed SM boosts their academic performance.

Conclusion: Our pilot study underlines the predominant determinants of SM among university students in the MENA region, namely female gender, students from Jordan, and those in healthcare majors. Informed data-driven awareness campaigns to mitigate such practice should be designed to focus on these susceptible populations.

Keywords: Jordan; MENA; UAE; pilot; self-medication; university.

Biography

Ali Abdi is a final-year MBBS student at Ajman University. With a passion for pharmacology and a focus on clinical excellence, Ali Abdi is dedicated to advancing in the medical field. Throughout their studies, they have gained comprehensive knowledge and hands-on experience in patient care, aiming to make a meaningful impact in healthcare.

Suspected Partial Molar Pregnancy with Coexisting Fetus in the Third Trimester Differentiated from Placental Mesenchymal Dysplasia

Amna Ibrahim Zaidan¹, Razan Ibrahim Faris² and Shalini Malhotra³

¹Medical Internship Program, Dubai Academic Health Corporation, UAE

²Medical Internship Program, Emirates Health Services, UAE

³Department of Obstetrics and Gynecology, Al Qassimi Women's and Children's Hospital, UAE

Partial hydatid form molar pregnancy rarely continues to the third trimester. Partial molar pregnancy with a coexisting fetus is a rare occurrence accounting for 0.005 to 0.01% of all pregnancies. Most partial molar pregnancies lead to a first trimester miscarriage. This case report aims to present an unusual case of a partial molar pregnancy that continued to the third trimester and how it was differentiated from placental mesenchymal dysplasia. A partial hydatid form molar pregnancy was diagnosed at 15 weeks gestation by ultrasonography in a 29-year-old Pakistani woman. After being fully informed of her options, the patient chose to continue the pregnancy. At 25 weeks gestation, ultrasound showed a single enlarged placenta with multiple cystic spaces and intrauterine fetal growth restriction features with normal fetal anatomy and oligohydramnios. At 32 weeks 4 days gestation, intrauterine fetal death was diagnosed, and the pregnancy was terminated. Histopathology showed hydropic degeneration. There were no maternal complications.

Ultrasound findings of hypoechoic spaces in the placenta with a normal fetus, fetal growth restriction, or fetal overgrowth can indicate placental mesenchymal dysplasia or molar pregnancy. Histopathology of placentomegaly and vesicles resembling grapes, hydropic degeneration, are found in both partial molar pregnancy and placental mesenchymal dysplasia. To differentiate between the two conditions, karyotyping a sample from amniocentesis, and alpha-fetoprotein levels can be utilized. Partial molar pregnancy and placental mesenchymal dysplasia remain challenging to diagnose as they overlap in ultrasonographic and histopathological features. It is important to include both conditions in the differential list and investigate the patient case thoroughly because the management differs with the determining factor of pregnancy termination or continuation.

Keywords: Partial Molar Pregnancy, Partial Hydatidiform Mole, Placental Mesenchymal Dysplasia, Coexisting Fetus.

Biography

Amna Ibrahim Zaidan is an intern medical doctor at Dubai Academic Health Corporation. She is a Bachelor's of Medicine and Surgery graduate from University of Sharjah in UAE. Her main activities revolve around clinical work, teaching medical students, and conducting research. Her research interests relate to gynecological pathology, oncology, postmenopause, and aging.

Emerging trends in the treatment of Endometriosis. It is time to know what we do not know. A prospective Cohort Pilot multisite study

Mohamed M Hosni

London North West Endometriosis Centre, UK

Endometriosis is one of the most challenging gynaecological conditions that primarily affects women of childbearing age. It mainly presents with pelvic pains and subfertility, causing a significant impairment in the quality of life. Unfortunately, there is no radical cure for endometriosis. The management of endometriosis, whether medical or surgical, mainly focus on alleviating pain and improving the quality of life. Nevertheless, for 20-40% of women, symptoms persist following surgical and/or pharmacological treatment. Alternative ways of managing pains are needed, which need to consider contemporary pain science and all biopsychosocial aspects of the persistent pain experience. Current clinical practice guidelines provide minimal guidance for physiotherapy care of women with endometriosis, and none of the accredited or provisional endometriosis centres across the United Kingdom has got a physiotherapist in their endometriosis management teams as it is not a pre-requisite to be accredited as an endometriosis centre in the UK. At London North West Endometriosis centre we conducted a prospective cohort pilot study of 10 patients across our three sites: central Middlesex, Ealing and Northwick Park Hospitals. We recently started recruiting for the first randomised controlled trial for the effect of physiotherapy on endometriosis agony. Physiotherapy as a discipline provides conservative therapies, pain management education classes, group sessions and one to one, face to face and online, manual physiotherapy and pelvic floor exercises. We conducted on average six sessions over the course of six months for every patient. We recruited 10 patients into our pilot study, and we compared their answers to the BSGE Pelvic Pain Questionnaire at their initial consultation and then at the end of their physiotherapy sessions. Our results showed that more than 90 % of patients had her symptoms improved at the end of the six sessions.

Key words: Endometriosis, Physiotherapy, pelvic pains

Biography

Mr Mohamed Hosni is a Consultant Obstetrician and Gynaecologist at London Northwest University Hospitals, with over 20 years of experience. He is a very experienced laparoscopic surgeon, with international reputation in minimal access surgery and endometriosis. He has a broad clinical research background and has collaborated with numerous doctors and scientists on different projects in Obstetric and Gynaecologic research, with many peer-reviewed publications. He has presented both Nationally and Internationally, have several peer-reviewed publications in scientific journals. He completed MD, MSc, and he is currently a member of the Royal College of Obstetricians and Gynaecologists. He is a firm believer in a patient-centred approach, personalized on an individual basis. He places a significant importance on taking time to listen to each patients' specific needs and providing them with a thorough explanation of their treatment options. Entirely dedicated to his profession.



Poster Presentation

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NOVEMBER 18-19, 2024 | DUBAI, UAE

Maternal age and birth outcomes: A study in ajman, United Arab Emirates

Arwa Leelawalla

Gulf Medical University, UAE

Amidst a discernible upsurge in pregnancies among women aged 35 and above, this research rigorously investigates the inherent risks associated with advanced maternal age for both maternal and fetal well-being. The study seeks to establish a nuanced association between maternal age and pregnancy outcomes among 498 women admitted to Thumbay University Hospital in Ajman, UAE. Employing a methodologically rigorous record-based approach with a structured checklist, a Chi-square test was executed on SPSS version 27 to meticulously evaluate the statistical correlation between advanced maternal age and pregnancy outcomes. Demographic analysis indicates a notable distribution, with 41% of participants falling within the 30-35 age bracket, 27.9% aged above 35, and 31.1% below 30. The study unveils a statistically significant correlation between maternal age and pregnancy outcomes. Specifically, the percentages of normal pregnancies exhibit variance across age groups: 79.6%. The study concludes that the likelihood of a normal pregnancy diminishes with advancing maternal age, underscoring the imperative for women contemplating conception beyond 35 to seek comprehensive consultation with healthcare professionals. Furthermore, pregnant women above 35 necessitate meticulous care, entailing regular medical check-ups and judicious adherence to dietary and lifestyle modifications. This research contributes valuable insights to the understanding of optimal care for advanced-aged mothers, offering pertinent recommendations for informed medical practices.

Biography

Arwa Leelawalla is a 4th-year MBBS student at Gulf Medical University (GMU) in Ajman, known for its healthcare education excellence. Dedicated to academic and clinical excellence, she is completing her undergraduate studies, immersed in a comprehensive medical curriculum. Arwa's commitment reflects her aspiration to become a proficient and compassionate healthcare provider. Although still in the academic phase, her enthusiasm and dedication are evident. As she advances in her medical education, Arwa looks forward to contributing to medicine through research and clinical practice, aligning with her growing interests in specific medical disciplines.

Why is it increasing the number of pregnant with thrombophilia?

Huang Wei Ling

Medical Acupuncture and Pain Management Clinic, Brazil

Introduction: Predisposition to thrombosis is called thrombophilia. The increase risk of women to thrombophilia is when she have thrombophilic defects associated with thromboembolism, but other conditions such as pre-eclampsia, fetal loss and vascular complications in pregnancy can occur. In traditional Chinese medicine, the tendency to have stagnation of blood could be associating with deficiency in the energy of Yin, or Yang or Qi or Blood or a combination of them, leading to tendency to stagnation or thrombus formation.

Purpose: To demonstrate that pregnancy patients that have thrombophilia has chakras' energy deficiency and the treatment replenishing the chakras' energies centers are important to prevent and treat this condition.

Methods: Through one case report of 42 year-old women that had history of two abortion three year ago, in 2018. In 2019, she became pregnant in her doctor diagnosed her with thrombophilia and give her anti-coagulant medication during all the pregnancy and took out only last week. The physician did the chakras energy centers measurement and found that all her chakras' energy in the lowest level of energy, rated in eight.

Results: This patient is in treatment with acupuncture, Chinese dietary counseling and replenishment the chakra with homeopathy medications according to the theory created by the doctor entitled Constitutional Homeopathy of the Five Elements based on traditional Chinese medicine and crystal-based medications.

Conclusion: Pregnants with thrombophilia has chakras' energy centers deficient in energy and the lack of these energy was responsible for the coagulation is a very deep deficiency in energy in all the chakra that was responsible for the thrombosis formation, if they were normal.

Biography

Huang Wei Ling, born in Taiwan, raised and graduated in medicine in Brazil, specialist in infectious and parasitic diseases, a General Practitioner and Parenteral and Enteral Medical Nutrition Therapist. Once in charge of the Hospital Infection Control Service of the City of Franca's General Hospital, she was responsible for the control of all prescribed antimicrobial medication and received an award for the best paper presented at the Brazilian Hospital Infection Control Congress in 1998. Since 1997, she works with the approach and treatment of all chronic diseases in a holistic way, with treatment guided through the teachings of Traditional Chinese Medicine and Hippocrates. Researcher in the University of São Paulo, in the Ophthalmology department from 2012 to 2013. Author of the theory Constitutional Homeopathy of the Five Elements Based on Traditional Chinese Medicine.

Factors associated with interpretation of physical exam findings among child sexual abuse victims assessed at the women and children protection unit in a tertiary government hospital: A retrospective study

Chelsea S de Leon

Eastern Visayas Medical Center, Philippines

Introduction: Child sexual abuse (CSA) is a health emergency associated with devastating physical, behavioral, interpersonal and psychological consequences for survivors. Because children rarely disclose sexual abuse immediately, the physical examination (PE) is often delayed, and most injuries have healed by consultation time.

Objective: To describe the socio-demographic, incident and clinical profiles of CSA victims and their association to PE findings.

Methodology: This is a retrospective analytical study with 132 randomly selected CSA medicolegal certificates. A researcher developed data collection tool was used for collation. Descriptive statistics and chi-square analyses were utilized.

Results: Most CSA victims were 12 to 18 years old (72.73%), from rural areas (69.70%), abused multiple times (58.33%) and were students (95.45%). Majority have been assessed after >72 hours (73.48%). Half were abused between 12:00 PM to 11:59 PM, usually at their own home (54.55%) by a relative (57.58%). Most already had menarche (74.24%) while many had Tanner breast (39.39%) and pubic hair (39.39%) maturity at Stage 3. The perineum and anal examinations showed no lesions in almost all (96.21%), many had hymenal lesions (78.79%) and half had vaginal discharges. Majority had PE findings suspicious for sexual abuse (75%). These are significantly associated with interpretation of CSA PE findings: age, occupation, weight, height, menarche, breast and pubic hair Tanner staging, hymen and vaginal discharge.

Conclusion: Majority of CSA victims are 12 to 18 years old, abused by relatives in the home. These have significant association with PE findings: age, occupation, weight, height, menarche, breast and pubic hair Tanner staging, hymen and vaginal discharge.

Biography

Chelsea de Leon graduated with a degree in Social Studies major in Psychology at the University of the Philippines in 2009. She studied Medicine graduated in 2015. After completing a year of internship at Davao Doctors Hospital, she passed the Physicians Licensure Exam in 2017. She completed her residency specializing in Obstetrics and Gynecology at Eastern Visayas Medical Center in November, 2022 where she was chief resident during her last year. She has acquired awards for research and case presentations during her training years.

AI applications in healthcare: Assessing diagnostic accuracy and challenges in Saudi Arabia

Moutaz A. Alqurashi¹ and **Salah S. Alshagrawi²**

¹*Al-Kharj Armed Forces Hospitals, Saudi Arabia*

²*College of Health Sciences, Saudi Electronic University, Saudi Arabia*

Artificial Intelligence (AI) has become a disruptive force with great potential to revolutionize healthcare. The integration of Artificial Intelligence in healthcare practices and its use in areas such as the detection and diagnosis of diseases has led to an increased interest in this topic and this has been key in informing this study research to determine its effect on diagnostic accuracy. The study employed a structured and systematic search strategy in compliance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) criteria. Three databases were used to identify the articles, including PubMed, Embase, and CINAHL. The search for relevant articles linked to the impact of AI applications on diagnostic accuracy in the KSA healthcare sector was narrowed down to articles published between 2013 and 2023. This step generated 450 articles which were further evaluated based on the inclusion criteria of the study to narrow down to 12 articles for analysis. 11 out of 12 studies were conducted between 2020 and 2023 indicating that the last three years have witnessed the largest number of studies on artificial intelligence. The included studies were conducted in KSA and within different hospitals. The studies included 7 cross-sectional studies, 3 observational studies (1 retrospective study), 1 experimental study, and 1 randomized controlled trial (RCT). They all show that the use of AI has been increasing in healthcare, and its use is enhancing the overall healthcare outcomes and is helpful in a wide variety of diseases and conditions, including chronic diseases. AI can improve diagnostics and treatment quality, aiding in care prevention planning in line with Vision 2030. Hence, This systematic review enhances understanding of AI applications' impact on diagnostic accuracy in Saudi Arabia's healthcare, providing valuable insights for regions facing similar challenges.

Biography

Diagnostic Imaging, Diagnosis Accuracy, Medical Diagnosis, Healthcare Policy, Machine Learning, Artificial Intelligence.



Accepted Abstracts

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Rising incidence of cervical cancer: Where we stand for its awareness?

Ayesha Shahid

Shaikh Khalifa Bin Zayed Alnyhan Medical & Dental College, Pakistan

Background: The increasing mortality of cervical cancer besides being preventable and curable is quite an alarming situation globally. It is the third most common cancer of females in developing country like, Pakistan. With the advancement in technology, breast cancer awareness has surpassed the specific number. Hence, cervical cancer being the common malignancy among females need to be addressed with the same zeal.

Objective: This study intends to discover awareness, understanding as well as role of mass media towards cervical cancer and its screening awareness.

Methods: Cross-sectional study was conducted on married women (20-60 years of age) through self-administered questionnaire; visiting OPD of Gynecology and Obstetrics department of Shaikh Zayed hospital dated 1-7-2022 to 1-8-2022, Lahore, Pakistan. Data was analyzed through IBM SPSS Statistics version 24.

Results: Only 17% respondents had an understanding and 83% respondents were not familiar with the word cervical cancer and its screening. The study concluded that age, occupation, education and monthly household income showed positive associations with understanding of cervical cancer and its screening; this is because most of the respondents were of young age, housewives, less educated, and belongs to low socio-economic status. Whereas, 28% respondents found mass media imperative and 72% respondents had not found mass media significant in their awareness approach. Residence and source of information had shown significant associations with role of mass media in cervical cancer and its screening awareness because urban residence and utilization of information sources enhances knowledge as well as give awareness on their health spectrum.

Conclusion: Cervical cancer can be easily prevented with the help of screening methods. Thus, it is need of an hour to work on mass media for its awareness to prevent the third most common cancer among females in developing countries.

Exploring the relationship between pregnancy research exclusion and maternal-fetal health post-dobbs

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In the United States (U.S.), pregnant persons are often excluded from research, resulting in a lack of effective treatments throughout all trimesters of pregnancy. The recent U.S. Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* which prohibits abortion care in several U.S. states is likely to complicate the reproductive research landscape, including the development of research that further restricts pregnant person's access to safe and effective treatments. However, there has been little ethical reflection on the effect that *Dobbs* may have on clinical trials and healthcare research. I argue that pregnant persons are likely to be further excluded from clinical trials if research regulations and anti-abortion legislation are interpreted together and cautiously. Researchers and IRBs may be hesitant to be associated with abortion or pregnancy-related research due to potential liability risks, and pregnant persons may face similar liability concerns. Increased exclusion will impact access to evidence-based medicine which is increasingly needed for pregnant persons following the rise of pregnancies since *Dobbs*. The lack of evidence-based medicine will likely impact maternal-fetal health, mortality rates and may perpetuate the unjust treatment of pregnant individuals who experience disparate health outcomes. Given this complex context, I outline how the post-*Dobbs* environment is expected to exacerbate research exclusion for pregnant persons in the U.S. and suggest recommendations to improve their inclusion. I suggest: (1) raising awareness around the implications of further research exclusion for pregnant persons to IRBs (2) obtaining clarity from legislators regarding the legal boundaries for pregnancy-related research to reduce liability concerns for IRBs, researchers, and pregnant persons, and (3) ensuring comprehensive consent processes for pregnancy-related research to uphold participant autonomy.

Hormone pellets

John Labban

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One third of women population is in menopause, which makes them the largest demographic group on the planet. And, with life expectancy increasing, the number of menopausal women will increase too. The majority of these women have experienced some or all of the menopausal symptoms like hot flashes, mood swings, migraine, dry vagina, weight gain, fatigue, decrease in sexual desire, decrease in mental clarity, insomnia and possibly osteoporosis.

Hormone Replacement Therapy (HRT) was introduced in early 1940's to replenish hormone supply and help relieve menopausal symptoms. The treatment became more widely used in the 1960s. The initial modes of deliveries were oral, injection then, bioidentical cream. The problem with them was the short half-life. Also, the problem of the first two options is metabolism through the liver.

Hormone Pellets were first developed in 1939 in Georgia Medical College then introduced to the market few years later. In 1992, Gino Tuter, an Italian Ob/Gyn, who had moved to Scottsdale, AZ, developed Sottopelle (under skin) and introduced them to the market in 2002. These are hormone pellets that include both Estrogen and Testosterone which are placed subdermal. Another type of pellets, TESTOPEL, was introduced to the market in 2008. It does not have Estradiol with it. In 2012, another company called Biote introduced another type of hormone Pellets that is similar to Sottopelle.

The benefit of Pellets is a sustained mode of delivery instead of the Peak-Valley that women would experience in the other modes. Also, the liver is bypassed in this way.

Laparoscopic gynaecological surgery definitely improves women's health

Mettler Liselotte

University Clinics of Schleswig-Holstein, Germany

Endoscopic surgery spans the wings from 1901 (Georg Kelling) and the cutting edge years with Raoul Palmer, Kurt Semm, Hans Frangenheim, Hans Lindemann and Jordan Philipps till 1970-1985 purely in gynecology, with further multispeciality progress from 1985 onwards up to 2024. Today we have higher dexterity, precision, loss of anxiety, micro and robotic surgery, new energy and light sources, single, multiple ports and robotic technology up to automated surgery, based on pre operative and intra operative imaging assessments. The evolution has just begun and will lead to a bright future. The influence of industry, which has kept pace and actively supported this development for years, is the driving force besides the heroes of doctors and engineers who bring up new ideas. Without suitable technology, this dissemination would not have been possible. Endoscopic development and its future does depend on new inventions, on the audacity of leading medical heroes, their input into this field but also on their management of life to continue to survive if technologies are vehemently rejected

Today 90 percent of gynaecological surgical procedure with benign alterations and some 40 per cent in gynaecological malignancies can be treated endoscopically by laparoscopy and hysteroscopy as demonstrated in the following pictures and videos: Laparoscopic surgery of uterine fibroids, ovarian tumours, hysterectomies, retroperitoneal dissections, lymphadenectomies adnexectomies and hysteroscopic resections of fibroids, polyps, septae, endometrium and adhesions

Emerging trends in the treatment of endometriosis. It is time to know what we do not know. A prospective cohort pilot multisite study

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Endometriosis is one of the most challenging gynaecological conditions that primarily affects women of childbearing age. It mainly presents with pelvic pains and subfertility, causing a significant impairment in the quality of life. Unfortunately, there is no radical cure for endometriosis. The management of endometriosis, whether medical or surgical, mainly focus on alleviating pain and improving the quality of life. Nevertheless, for 20-40% of women, symptoms persist following surgical and/or pharmacological treatment. Alternative ways of managing pains are needed, which need to consider contemporary pain science and all biopsychosocial aspects of the persistent pain experience. Current clinical practice guidelines provide minimal guidance for physiotherapy care of women with endometriosis, and none of the accredited or provisional endometriosis centres across the United Kingdom has got a physiotherapist in their endometriosis management teams as it is not a pre-requisite to be accredited as an endometriosis centre in the UK. At London North West Endometriosis centre we conducted a prospective cohort pilot study of 10 patients across our three sites: central Middlesex, Ealing and Northwick Park Hospitals. We recently started recruiting for the first randomised controlled trial for the effect of physiotherapy on endometriosis agony. Physiotherapy as a discipline provides conservative therapies, pain management education classes, group sessions and one to one, face to face and online, manual physiotherapy and pelvic floor exercises. We conducted on average six sessions over the course of six months for every patient. We recruited 10 patients into our pilot study, and we compared their answers to the BSGE Pelvic Pain Questionnaire at their initial consultation and then at the end of their physiotherapy sessions. Our results showed that more than 90 % of patients had her symptoms improved at the end of the six sessions.

Female sex hormones and inflammatory cytokine in relation to occurrence of abortion in *Toxoplasma gondii* infected females

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Objectives: *Toxoplasma gondii* is an obligatory- intracellular protozoan with variable prevalence observed worldwide. Alexandria has high *Toxoplasma* prevalence among pregnant females between Egyptian governorates 59.7%. Toxoplasmosis in pregnancy has variable outcomes such as miscarriage, stillbirth, or congenital defects. Estrogen and progesterone have profound effect on immune system during pregnancy especially in response to parasitic infection. Cytokines (gamma interferon (IFN- γ) and IL-2) causes abortion in pregnant mice and production of nitric oxide, which kill intracellular *Toxoplasma*. We aimed to study the relation of female sex hormones (estrogen and progesterone) and IL12 and IFN- γ with the occurrence of abortion in *Toxoplasma* infected pregnant women

Material and Methods: three patients groups were studied (50 control subjects, 50 toxoplasma infected pregnant females and 50 aborted toxoplasma infected females).

Results: IgM +ve infection was higher in the aborted group (50%), while IgG +ve infection was higher in pregnant infected group (72%) with statistically significant difference in seropositivity of *T.gondii* ($p < 0.001$). Estrogen level in the aborted group was 547.5 ng/ml less by three times than pregnant infected and also less than control group while progesterone were approximately equal levels in pregnant infected and aborted group and equal in the aborted and control group with no statistical significance difference. IFN- γ was significantly higher in the aborted than the pregnant infected group ($p = 0.006^*$) and IL-12 was significantly higher in the aborted than control group ($p = 0.018^*$). In the pregnant infected group IL-12 was negatively correlated with Progesterone ($r_s = -0.769$, $p = 0.009$) while IFN γ was positively correlated with Estrogen and Progesterone ($r_s = 0.972$, $p = 0.001$) ($r_s = 0.351$, $p = 0.036$) respectively, In the whole infected groups (both pregnant and aborted group), IL-12 was positively correlated with Estrogen ($r = 0.490$, $p = 0.028$).

Conclusion: Estrogen and progesterone may act as an immune regulator through effect on inflammatory markers with protective effect against abortion due to toxoplasma.

Laparoscopic management of bladder endometriosis

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Endometriosis of urinary system accounts for less than 1% of all endometriosis where in the bladder endometriosis is the most common. Bladder endometriosis is defined as endometriosis infiltrating the detrusor muscle and represents 85% of the urinary tract endometriosis. Laparoscopic excision increases the chances of complete removal of nodule but may lead to inadvertent removal of excess bladder wall as well as increases the risk of complications, especially in case of large lesion in proximity of ureteric orifices. Thus, simultaneous laparoscopy and cystoscopy offers the most effective way of complete resection of bladder endometriotic nodule, relieving symptoms, minimizing intraoperative and postoperative complications and recurrence rate in patients. This oral presentation with accompanying video describes systematic approach and step by step surgical excision of bladder endometriotic nodule.

Ectopic pregnancy: A case of consecutive occurrences of different types

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Ovarian ectopic pregnancy, a rare manifestation of ectopic gestation, involves the implantation of a fertilized egg on the ovarian surface. This condition poses diagnostic challenges and is associated with significant maternal morbidity if not promptly managed. This report presents the case of a 33-year-old nulliparous woman with a history of polycystic ovary syndrome (PCOS) undergoing ovulation induction therapy. Following her first conception in October 2021, she presented with symptoms of per vaginal spotting and low back pain, prompting a diagnosis of left adnexal ectopic pregnancy confirmed by transvaginal ultrasound and serum beta-human chorionic gonadotropin (B-HCG) levels. Medical management with methotrexate was initiated successfully. In August 2022, the patient conceived again, with subsequent ultrasound revealing a large pelvic collection suggestive of a complex ectopic pregnancy involving both ovaries. Despite initial stability, she developed abdominal pain necessitating emergency laparoscopy, which revealed an ovarian ectopic pregnancy with hemoperitoneum. This case underscores the clinical management challenges posed by ovarian ectopic pregnancies, particularly in patients with previous ectopic pregnancies. The discussion reviews current literature on diagnostic modalities, treatment strategies, and outcomes associated with ovarian ectopic pregnancies, emphasizing the role of surgical intervention in cases refractory to conservative management. Tailored approaches considering individual patient factors are crucial to optimize outcomes and preserve fertility in such complex scenarios.

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