

ISGE

OPUS

Autumn Issue, October 2020



Dr Hisham Arab
Editor-in-Chief



THE INTERNATIONAL SOCIETY
FOR GYNECOLOGIC ENDOSCOPY
PROMOTING VAGINAL SURGERY



Dr. Ellis Downes
Associat Editor



Dr Meenu Agarwal
Associat Editor

ISGE Encyclopedia

ISGE is not just a well-established, global, reputable, accessible, and scientific society. Its multifaceted resourceful nature created an encyclopedia of its own as a valued source of reliable information compiled by experts in printed as well as digital versions, and dispensed in a multilingual format of English, French, Italian, Spanish, and Chinese.

Its amazing alphabetical compilation may fascinate you with letters like this:

Accreditation program, **B**logs and social media channels, **C**onferences, **F**acts views and vision journal, **G**uidelines on safe laparoscopic entry, **O**pus newsletter, **S**yllabus on laparoscopic procedures online, **T**rocar open access journal, **W**ebinars all year around, and **Y**ES seductive features to encourage young laparoscopists worldwide.

Dear ISGE Member,

Don't miss on any of that, make use of the ISGE Encyclopedia, and if your membership is about to expire, please login into your account and renew in one touch. If not a member, simply join us and have friends who care.

Thank you

Sincerely,

Hisham Arab

Editor-in-Chief



**What is the advantage
of this needle?**

Message from the President

The International Society for Gynecologic Endoscopy, ISGE, is organizing the first ever 24-hour virtual meeting on endometriosis on March 20-21, 2021. Endometriosis is a disabling disease that afflicts 1 in 10 young women accounting for more than 176 million women worldwide. There exists only a limited number of internationally recognized experts focused on this complex disease and you will have access to these world-class surgeons in the comfort of your home.

ISGE would like to thank its members and the international societies around the world who have supported this initiative and partnered with us in this endeavor.



Resad Paya Pasic
ISGE President



Viju Thomas
Congress Scientific Chair

VIRTUALEENDO24 The global view (March 20-21, 2021) was conceived to allow you access to the expertise of this exclusive group of surgeon authorities on endometriosis. The platform will also be open to patients who will be able to participate and get exclusive access to the roundtable of experts.

Join us and this group of innovative leaders in the field of endometriosis for a lively and interactive conversation on an ever-evolving topic. Don't miss your chance to be a part of the dialogue.

Special thanks to ISGE's Honorary Secretary, Viju Thomas of South Africa, who is the inspiration behind our virtual meeting!



Participation Organizations



For Registration and more details, please click here

<https://www.isge.org/event/virtualendo24-the-global-view/>



THE INTERNATIONAL SOCIETY
FOR GYNECOLOGIC ENDOSCOPY

PROMOTING VAGINAL SURGERY

From the desk of the Medical Director



ISGE Medical Director
**Dr. Bruno
Van Herendael**

Dear member,

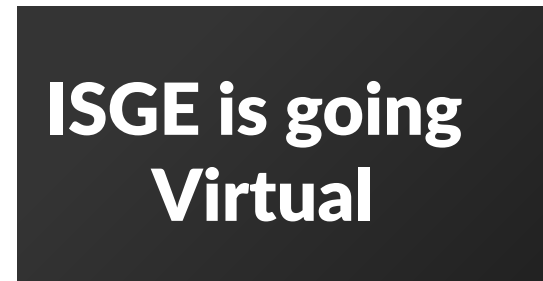
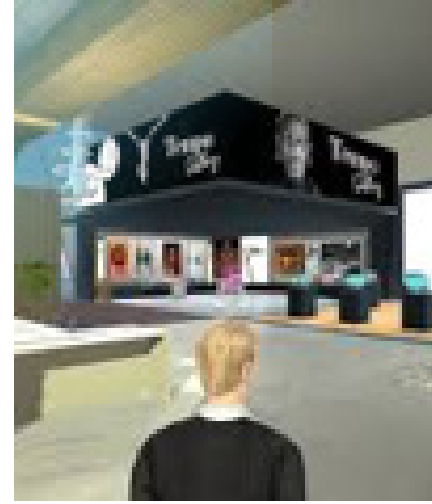
To serve all members and help them publish their case reports and scientific articles, the Executive Council of ISGE (EXCO) has decided the following:

- EXCO did engage ISGE in participating in **Facts, Views, and Vision** the official Journal of the ESGE to publish – under the guidance of Ellis Downes; ISGE's editor in chief, the high-end articles produced by our members concerning mainly their scientific work. ISGE has attained that its members can publish at no costs. The condition here is that the article is accepted after peer review of the FVV.

• **OPUS**, ISGE's Newsletter appearing four times a year, remains the ideal tabloid for the members to publish their case reports and small articles – less than two pages references included. Here also there are no costs for publishing and the articles do receive – thanks to our vice-president Günter Noé – the DOI number. This means that the articles are referenced and can be found in the search machines. These articles are reviewed by members of staff of the OPUS editor in chief, Hisham Arab. Hisham will call in the help of members of the EXCO in case needed. In Opus small video footage is welcomed.

- The third option to publish, for free, your articles – longer than two pages and under the conditions indicated on the landing page provided for – is the newly founded **Open Access Online Journal "The Trocar"**. Editor in Chief Alfonso Rossetti with help of Günter Noé and Bruno van Herendael. This new journal – first edition due December 2020 – is a peer reviewed journal where your articles, if accepted, will also receive DOI number. The intention here is to help our members to publish their articles in English by assisting them through the editorial board. The journal does also have a space for video articles. The first issue will feature a video by our member Sanket Pisat "Endoscopic Treatment of Non-Communicating Uterine Horn"

**Bruno
Medical Director ISGE**



Perhaps one of the positive penalties of Covid-19 pandemic is the advancement of the technology of distant learning where we have been forced to continue our medical education through virtual meetings.

We have witnessed lately that you can host your conferences and networking events, with advanced platforms and robust interactive features that elevate your audience's knowledge and skills through virtual keynotes, workshops, labs, courses, and scalable state-of-the-art video streaming for operative procedures and scanning techniques. Moreover, you can set-up your event with virtual booths, registration, trade shows, and product demos with augmented reality just like you would in real life. The beauty of this virtual education is its wider outreach where you can have thousands of attendees tuning in at the same time for you. Furthermore, virtual meetings are usually recorded and the panels can be streamed and replayed on demand by registered members at a later date from the comfort of their houses or offices.

ISGE is one of the leading scientific societies who promoted virtual education by launching a series of webinars since May 2020. So far 13 webinars have been completed, and 7 more to come over the next 4 months. (see table).

As an International Society, our global coverage has been demonstrated from the statistics of our virtual platform which indicated that audience participation by continent was as follow: the majority from Africa, followed by Asia, Americas, and Europe (50%, 20%, 20%, 10% respectively).

Some of these webinars were in French.

Excellent feedback has been received, and the only and most frequent complain was poor internet connection in some countries at certain times.

Finally, all real participants of the webinars received an Attendance Certificate issued by ISGE.

Enjoy all ISGE products and if you are not a member by now, don't hesitate to become one.

The Future is here, let's meet above the cloud!

Hisham Arab
Editor-in-Chief

Forthcoming ISGE Webinars and nearly live surgery

Date	Time	Title	Responsible		Duration
14/11/2020	01:00 pm CEST	Use of Manipulator in Hysterectomy (webinar)	Prashant Mangeshikar Karl Storz Se & Co KG	English	35 – 45 min
28/11/2020	01:00 pm CEST	Nearly Live Surgery Pelvic Floor Pecto Pexy	Günter Noé Karl Storz Se & Co KG	English	45 – 60 min
19/12/2020	01:00 pm CEST	Nearly Live Surgery Vaginal Hysterectomy	Andreas Chrysostomou – Bashkar Goolab	English	45 min
16/01/2021	01:00 pm CEST	Uterine Malformations (webinar)	Luis Alonso Pacheco	English	50 – 60 min
30/01/2021	01:00 pm CEST	V-NOTES Single port Vaginal Surgery (webinar)	Ichnandy Arief Rachman	English	60 min
06/02/2021	01:00 pm CEST	Maintenance ad Sterilization of Instruments (webinar)	Nancy Steenbakkers	English	45 min

Case Report:

Atypical endometrial polyp (adenomyoma polyp): 3D SIS imaging with endoscopic resection & histopathologic correlation

Dr Glossy Sabharwal¹, Dr Meenu Agarwal²

Ref. 1. Jeevan Mala Hospital, New Delhi. 2. Morpheus Bliss Fertility Centre, Pune, India

Citation: OPUS October 2020. DOI: 10.36205/OP0004

Abstract: This case report presents 56-year-old post-menopausal women with postmenopausal bleeding. The ultrasound scan revealed normal sized uterus with thick endometrial lining. To clarify further, 3D saline infusion sono-hysterography (SIS) was done which revealed a 7x7 mm echogenic mass with vascular pedicle within it along with posterior irregular margins s/o atypical polyp. Further Hysteroscopic biopsy-polypectomy was performed and histopathology revealed the mass was endometrial adenomyomatous polyp (EAP). Diagnosis, management and outcome of this rare entity have been discussed according to the literature.

Keywords: Abnormal uterine bleeding, Hysteroscopic polypectomy, Polyp with premalignant change.

Introduction: Endometrial polyps are localized overgrowths of endometrial tissue composed of variable amount of glands, stroma, and blood vessels covered by epithelium. Although endometrial polyps are common, endometrial adenomyomatous polyp -EAP are rarely seen. A study revealed that EAP accounts for approx. 1.3 % of endometrial polyps (1). The WHO classification (2014) of adenomyoma include APA- atypical polypoid adenomyoma, EA- endometrial type adenomyoma and endocervical type adenomyoma. (2,3)

Endometrial polyps are a common cause of vaginal bleeding in pre- and postmenopausal women. Most commonly seen in the fourth decade. The prevalence of endometrial polyps ranges from 7.8% to 34.9% depending upon the population studied. (4)

On Ultrasound scan, endometrial polyps are easily diagnosed. Typical appearance is hyperechoic (Echogenic) lesion with cystic foci within it and a vascular pedicle on color doppler study. Saline infusion sonography (SIS) improves the diagnostic efficiency especially in thick endometrium.

Case Report:

A 56-year-old parous women presented with postmenopausal bleeding, having had a menopause at the age of 50. On Gynecological examination, it showed vaginal bleeding without palpable mass. She was referred for ultrasound pelvis transvaginal scan which showed endometrial hyperplasia with endometrium (Figure1).

Endometrial malignancy could not be ruled out. In order to clarify the nature of the endometrial abnormality, saline infusion sonography (SIS) was performed with 3D reconstruction.

This technique involved the instillation of a small amount (5 ml) of sterile saline into the uterine cavity through a 5-Foley's pediatric catheter followed by transvaginal ultrasound. Instead of a foley's catheter even an IUI catheter can be used to infuse normal saline in the endometrial cavity.

As seen in the scan pictures (Figure 2,3,4), the anechoic saline distended the uterine cavity and clearly delineated an intracavity polyp of size 26x18 mm with irregular posterior walls thus demonstrating that the endometrial lining was normal and that the apparent thickened endometrium, which had been observed with 2D grey scale ultrasound, was the result of a mass most likely polyp.

However malignant changes cannot be completely ruled out. Admission was arranged for in-patient hysteroscopy and polypectomy.

She had a hysteroscopy, which showed a 10 mm polyp showing slight uneven surface and polypectomy was done. Histopathology however showed adenomyosis within an endometrial polyp s/o EAP -endometrial adenomatous polyps, a benign etiology. Post resection no bleeding was seen.

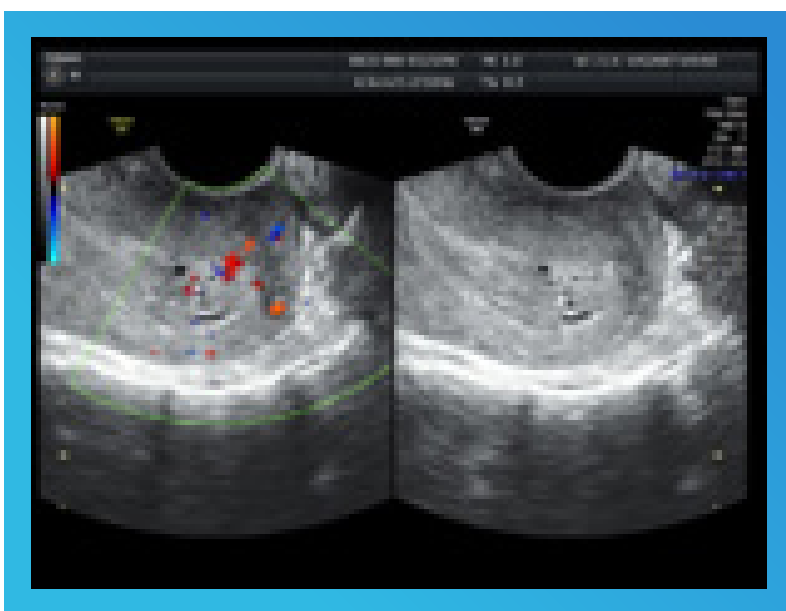


Figure1

Case Report:

Discussion: Approximately 5-10% of women with postmenopausal vaginal bleeding may have endometrial cancer. ⁽⁵⁾ Therefore, it is of utmost importance to evaluate completely all such patients. EAP is a rare benign cause of post menopausal bleeding accounting for only 1.3 % of all endometrial polyps. ⁽¹⁾ It is a benign tumor of the endometrium.

On HPE, EAP is composed of endometrial type glands surrounded by smooth muscle and must be differentiated from APA (atypical polypoid adenomyoma). APA is sometimes shown to be associated with endometrial and serous adenocarcinoma. ⁽⁶⁾

The ultrasound picture of EAP is a solid well defined echogenic endometrial mass from 0.3 cm to 17 cm in diameter and it is also seen that EAP, APA and endometrial hyperplasia is difficult to distinguish using ultrasound. ⁽⁷⁾

In postmenopausal women with thickened endometrium, it is important to keep endometrial malignant changes in differential diagnosis and hysteroscopy must be done in all cases. Systematic endometrial evaluation raises the diagnostic accuracy of endometrial malignancy.

Conclusion: In summary, we report the case of a EAP (endometrial adenomyomatous polyp) in post-menopausal women presenting with bleeding with imaging differential diagnosis of endometrial malignancy vs endometrial polyp. On histopathology it confirmed to be EAP.

EAP is a rare benign tumor of the uterus and difficult to distinguish from the endometrial cancer with ultrasound alone and therefore hysteroscopic polypectomy with histopathologic correlation is important.

References:

1. Peterson WF, Novak ER. Endometrial polyps. *Obstet Gynecol.* 1956;8:40-49.
2. McCluggage WG. A practical approach to the diagnosis of mixed epithelial and mesenchymal tumors of the uterus. *Mod Pathol.* 2016;29(suppl 1):S78-S91.
3. Kurman RJ, Carcangiu MI, Herrington CS, Young RH. WHO classification of tumors of female reproductive organs 4th ed. Lyon, France: who; 2014
4. Salim S, Won H, Nesbitt-Hawes E, Campbell N, Abbott J. Diagnosis and management of endometrial polyps: a critical review of literature. *J Minim Invasive Gynecol.* 2011;18:569-81.
5. Goodman A. In: Barbieri R, Falk SJ, eds. Postmenopausal uterine bleeding. Up-to-date Alphen aan den Rijn, Netherlands: Wolters Kluwer; 2016.
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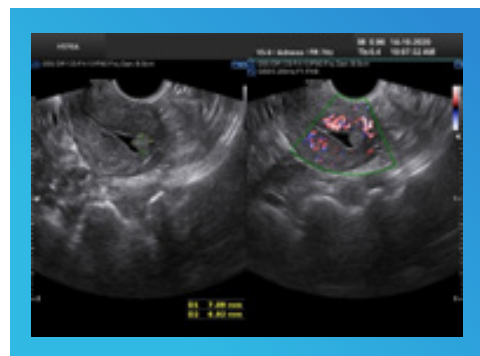


Figure.2

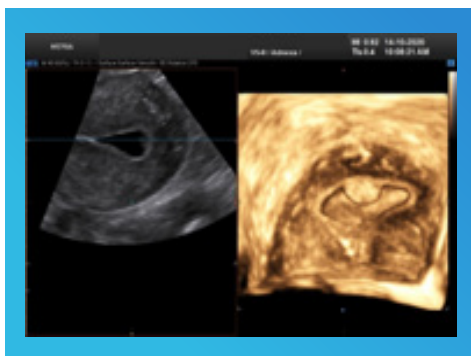


Figure.3



Figur.4



“Impaired Inflammatory State of the Endometrium” is more appropriate than “Chronic Endometritis”

Dr. Amal Drizi

Independent consultant in Obstetrics and Gynecology. Algiers, Algeria.

Citation: OPUS October 2020. DOI: 10.36205/OP0003

Along with Dusan Djokovic, Antonio Simone Laganà and Prof Bruno van Herendael, we have recently published a review article based on 142 pertinent references, which aims at rethinking our current approach to endometrial inflammation, by incorporating the basics of immunology and patho-physiology into our understanding of the inflammatory mechanisms involved in the endometrium.⁽¹⁾

Our work recalls what inflammation is: a biological response to any factor disrupting homeostasis. It highlights the permanent cyclical inflammatory state of the endometrium at every phase of the menstrual cycle and pregnancy, moderated by a fine-regulated balance between pro- inflammatory mechanisms and pro- resolving ones, thus allowing optimal functions of the endometrium. Hence, chronic inflammation is literally the inflammatory state of normal endometrium. The term “chronic endometritis” (CE) thus appears as quite an improper terminology.

Different altered immunological mechanisms –other than plasma cells– have been demonstrated in the endometrium during various conditions known to cause inflammatory disorders, such as endometriosis, adenomyosis, oxidative stress, metabolic disorders, chronic inflammatory diseases and allergies.

Even hormone imbalances have been documented to impair certain inflammatory parameters. In fact, any condition interfering with the immunological system does more or less impact the fine-regulated balance of the endometrial chronic inflammatory state, thus resulting in what we should rather term: “impaired inflammatory state of the endometrium” (IISE), which can be transient, repeated or persistent. The latter was demonstrated to be correlated with many obstetrical-gynecological pathologies, including abnormal uterine bleeding, endometrial polyps, endometrial cancer, unexplained infertility, repeated implantation failure, repeated miscarriage and placenta-related conditions (such as preeclampsia, impaired fetal growth and preterm labor).

“Impaired Inflammatory State of the Endometrium” is more appropriate than “Chronic Endometritis”

Furthermore, unlike what is currently admitted, germs cannot be the only cause to IISE, especially as the uterine cavity was demonstrated to be a non-sterile milieu. The concept of microbiota explains how alteration of the local immunological microenvironment (IISE) is very likely to cause alteration of the endometrial microbiota, thus resulting in identification of unusual germs at microbial cultures. Therefore, germs can be both the cause and the consequence of an IISE.

Hysteroscopy appears as one of the best diagnostic options for that matter, as it allows direct visualization of the endometrium. It is like examining a red skin during dermatologic inflammatory diseases. Yet, the hysteroscopic signs currently described for “CE” are rather typical signs of acute inflammation for most of them. This particularly makes sense in immunology since chronic inflammation is the optimal background for repeated acute inflammatory episodes.

Of course, more specific pathologic patterns need to be defined based on immunological and histological specificities, addressed in the review.

Diagnosing IISE should lead to a well-disciplined global medical assessment of the patient. A complete anamnesis and examination need to be conducted in order to identify the causing factors. The optimal strategy to restore the fine-regulated balance of normal inflammatory state of the endometrium includes etiologic treatment whenever possible, as well as minimal effective anti-inflammatory therapy. In fact, high dosed anti-inflammatory regimens have been proven to impair the endometrial physiology just as much as excessive inflammation does.

The analysis of literature shows low dose acetyl salicylic acid as one of the interesting molecules to invest. Its mechanism of action in terms of prevention of gravid hypertensive disorders seems to revolve around minimal anti-inflammatory effect. Other molecules, such as steroids, seem promising too. Further research is mandatory to define more pertinent diagnostic criteria and therapeutic regimens.

Finally, I uploaded a video presentation that explain the essence of our work to our peers. Try this link please: <https://youtu.be/BxBh5xNDE18>

References:

1. Drizi A, Djokovic D, Laganà AS, van Herendael B. Impaired inflammatory state of the endometrium: a multifaceted approach to endometrial inflammation. Current insights and future directions. Prz Menopauzalny. 2020;19(2):90-100.

VIRTUAL UROGYNECOLOGY

UPDATE SYMPOSIUM

Friday
25 Sep. 2020

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Symposium Chair

Dr Hisham Arab

REI and MIS Consultant,
Dr Arab Medical Center,
Jeddah, Saudi Arabia.



Speaker

Prof Dr Günter K. Noé

Specialist in urogynaecology Chief Physician
of the gynaecology department at Dormagen
District Hospital and Grevenbroich St
Elisabeth District Hospital. Dormagen,
Germany



Speaker

Prof. Christian Phillips

Consultant Gynaecologist &
Urogynaecologist,
University of Winchester, UK.



Speaker

Hussein A. Warda, MD

Assistant Professor, Female Pelvic Medicine
and Reconstructive Surgery
Department of Obstetrics & Gynecology
University of California, Davis, USA.

Diagnosis and Management of Urinary Incontinence and Overactive bladder

Hussein A. Warda, MD: Urinary incontinence, the involuntary leakage of urine, is caused by a variety of factors and may result in a wide range of urinary symptoms that can affect women's physical, psychological, and social well-being and sometimes can impose significant lifestyle restrictions. Identifying the etiology of each woman's urinary incontinence symptoms and developing an individualized treatment plan is essential for improving her quality of life.

Urinary incontinence is a common condition in women. Approximately 25% of young women, 44–57% of middle-aged and postmenopausal women, and 75% of older women experience some involuntary urine loss. This causes a significant burden on women, their families and the health system. Despite the prevalence of urinary incontinence, many women are hesitant to seek care or discuss their symptoms with a physician. The first part of my presentation discussed the types of urinary incontinence, the basic office evaluation and the additional specialized studies that may be needed to identify and diagnose the different types of incontinence.

The second part of my presentations included diagnosis and treatment options available for over active bladder syndrome (OAB). OAB is the presence of urinary urgency, usually accompanied by frequency and nocturia, with or without urgency urinary incontinence (UUI), in the absence of UTI or other obvious pathology. I discussed the care pathway including the first line treatment options; bladder retraining, pelvic floor physical therapy, weight loss and avoidance of bladder irritants. Second line treatment options include medications; anticholinergics and B3 stimulant (Mirabegron). Discussed the benefits and risks with each group. Third line treatment options include botox injection in the bladder, sacral neuromodulation and peripheral tibial nerve stimulation. Each treatment was discussed in details including the mechanism of action, success rates, risks and method of implementation. Diagrams and videos were used for illustration.



Figure1: 30 degrees Operative Cystoscopy.

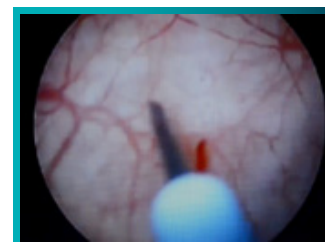


Figure 2: Intradetrusor OnabotulinumtoxinA injection.

Welcome to ISGE

Members enrolled between July 2020 and September 2020

NAME	SURNAME	COUNTORY	NAME	SURNAME	COUNTORY
Seindy	Glamour	 Indonesia	Luis Delgado	Salazar	 Mexico
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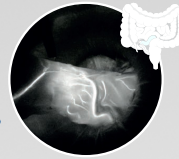
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Visualization of bowel perfusion
Source: Prof. Luigi Boni,
IRCCS - Ca' Granda,
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HISHAM ARAB PRIZE

This prize was established in 2016 to be awarded to the best YES presenter once a year at any of the ISGE annual or regional meetings. The prize is composed of 1000 USD in cash and a plaque which should be presented at the closing ceremony of the congress.

2019



THE WINNER FOR 2019 AT ISGE ANNUAL MEETING THAT WAS HELD IN CAPE TOWN, SOUTH AFRICA DURING 13-17 APRIL 2019 WAS **DR. ANNELIZE BARNARD**, FROM SOUTH AFRICA.



If you missed submission for this year, you still have a chance to win it next year at the Annual ISGE meeting in Split, Croatia: June 6-9, 2021.

Behind The Scenes

Mr. Dirk Schurmans

"My name is Dirk Schurmans I do work for ISGE as a freelancer ITer since June 2020. I am working at the ISGE IT department together with Hendrik Mondelaers ISGE's webmaster. I am conducting the webinars and I am responsible for the NewsFlashes. Besides my IT job I am a professional musician (piano-keyboard-singer). As such I do have a lot of concerts but in these Covid times these have been cancelled for the major part. This leaves me more time for IT work and ISGE."



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