

POSTER PRESENTATIONS / AFFICHES

Monday, June 20, 2005

lundi, 20 juin 2005

Québec City, Québec

BY SPECIAL INVITATION / INVITÉS SPÉCIAUX

BREAST MRI IN-PATIENTS WITH DIAGNOSTIC PROBLEM CASES

J. Alsaaydeb, M. Pitrovich, S. Ivanovich

Faculty for Research Workers Medical Educators, Department Of Gynaecology,

Kharkov State Medical University, 61022, Lenin Av.4, Kharkov City, Ukraine

Objectives: According to the data of numerous studies, the sensitivity of contrast-enhanced breast MRI for invasive cancer is 83% and specificity ranges from 37 to 97%. Today, non-contrast MRI is only used to reveal breast implant failure. Breast MRI is used as an adjunct to conventional imaging modalities particularly in diagnostic problem cases. Due to high-resolution cross-sectional imaging contrast-enhanced MRI allows to assess the extent of the known tumor, reveal recurrences, determine early effect of chemotherapy. Experience with contrast-enhanced breast MER has significantly increased since its first application in 1986, despite these results, there are many unresolved issues, including No. Standard Technique for contrast-enhanced breast MER, no standard interpretation criteria any clearly defined clinical indications for the use of Mer. Purpose: To investigate the potential of magnetic resonance (MR) imaging in-patients with diagnostic problem cases.

Study Methods: 26 patients with suspicious breast cancer findings at X-ray mammography and ultrasound were prospectively selected for additional MR imaging of the breast. MR imaging of the breast was performed in a 1.5 unit (GE signal Horizon) with a dedicated bilateral surface coil. The complete breast was imaged 8 times, one before and 7 after intravenous injection of 0.1-mmol/kg-body weight gadopentate dimeglumine (magnevist, schering, Berlin, Germany). A two-dimensional gradient echo (GE) pulse sequence was used with a repetition time of 100 Ms, an echo time of 4.1 Ms and flip angle of 25.

Results: MRI showed no enhancement in all 26 patients. It helped to diagnose focal fibrosis on the background of the fibrocystic disease. All 26 patients were examined by X-ray mammography in 6 months after breast MR imaging. It was observed reduction of focal fibrosis on x-ray mammography.

Conclusions: Contrast-enhanced breast MER helped to exclude a malignancy with a high degree of certainty (this was confirmed by stable mammography and clinical findings over a 6 months period. Final conclusions will be established after examination of larger amount of patients.

NEEDS ASSESSMENT SURVEY OF THE SOGC MEMBERSHIP FEMALE SEXUAL DYSFUNCTION (FSD)

J.Lamont, A.Lalonde, C.Menard

Hamilton Health Sciences Corporation

Objectives: To assess the understanding of the SOGC membership of female sexual dysfunction and hypoactive sexual desire disorder, and to determine their estimates of the prevalence of female sexual dysfunction in their menopausal patients.

Study Methods: The survey was distributed to all (1628) SOGC members in two separate mailings Feb 15 and April 15, 2005. The results were collected by mail and fax until May 15, 2005.

Results: 465 surveys were returned (28%). 73% were from Ob-Gyns, and 23% were General/Family Practitioners. Most reported up to 50% of their gynecologic patients were menopausal (more naturally than surgically). Sexual complaints were reported as a current issue in these patients, especially low desire/low libido and painful intercourse. The respondents reported a moderate level of familiarity with FSD and HSDD. More familiarity was reported by those in practice 10 or more years. The respondents expressed the need for more Information, resources, and training on FSD. They were vocal in wanting more treatment options for their patients with low sexual desire.

Conclusions: The survey confirms that sexual complaints by menopausal patients are a current issue for health care professionals. The survey respondents report a lack of resources and training (especially in counselling) to help them treat their patients. Knowledge and time involved were also stated as barriers to proper treatment of their patients.

PERIODONTITIS INCREASES THE RISK FOR PREECLAMPSIA IN PREGNANT WOMEN: A CASE-CONTROL STUDY

J Herrera, A Contreras, J Soto, R Arce, A Jaramillo, J Botero

Universidad del Valle, Calle 4B No 36-00, Cali, Valle, Colombia, OTHER, 4483

Objectives: The purpose of this study was to determine the effect of periodontitis and the subgingival microbial composition on preeclampsia risk

Study Methods: A case-control study was carried out in Cali-Colombia, including 134 preeclamptic and 250 non-preeclamptic women between 26 to 36 weeks of gestational age. Sociodemographic data, obstetric risk factors, clinical periodontal status and subgingival microbial composition were determined in both groups. Preeclampsia was defined as blood pressure equal or greater than 140/90 mmHg, and at least 2+ proteinuria, confirmed by 0.3 g proteinuria/24 hours on urine specimens. Controls were healthy pregnant women. Potential effects of confounder variables were evaluated using a multivariate logistic model. Adjusted Odds Ratios for periodontitis and subgingival microbiota compositions were calculated

Results: Eighty preeclamptic women (62.6%) and 87 (35.3%) controls had chronic Periodontitis (OR 3.0 CI95%; 1.91-4.86 P<0.005). A slight periodontal attachment loss was present in the case group (OR 2.21 CI 95% 1.36-3.57 P<0.001) compared to the control group. Average birth weight in preeclampsics was 2.453 g whereas in controls it was 2.981 g (P<0.001). Two red complex microorganisms, *P. gingivalis* and *T. forsythia*, and an orange microorganisms *E. corrodens* were more prevalent in preeclamptic group than in controls (P<0.001).

Conclusions: Chronic periodontal disease and the presence of *P. gingivalis*, *T. forsythia* and *E. corrodens* at mothers' subgingival plaque were significantly associated with preeclampsia.

ASSESSMENT OF TWO CERVICAL SCREENING METHODS IN MONGOLIA: CERVICAL CYTOLOGY AND VISUAL INSPECTION WITH ACETIC ACID

L Elit, G Baigal, J Tan, A Munkhtaivan

National Oncology Hospital, 699 Concession Street, Hamilton, ON, L9G 2Z8, National Oncology Hospital, 14th Khoroo, Bayan-Zurkh District, Ulaanbaatar, Mongolia, Royal Women's Hospital, 132 Grattan St. Carlton, Victoria, Australia

Objectives: To evaluate the test parameters of VIA and cervical cytology in 3 Mongolian aimags.

Study Methods: From February 18, 2004, to December 12, 2003, sexually active women 30 years or older who had never been screened underwent cervical cytology and VIA in the aimags' central hospital. All women with abnormal test results and 5% of women with normal results were asked to undergo colposcopic evaluation with or without biopsy.

Results: 2009 women underwent both tests. VIA was abnormal in 254 (12.6%); 6.3% did not attend the colposcopy assessment. Pap smear showed ASCUS or worse in 3%; 2 patients with HSIL or worse did not return for colposcopy. Of the 5% of those women who had normal test results who were asked to attend the colposcopy clinic, only half attended. Using CIN 2 or higher disease on biopsy as the end point, the test parameters for VIA are sensitivity 82.9%, specificity 88.6%, PPV 12.2%, NPV 99.7%. The test parameters for Pap smear are sensitivity 88.6%, specificity 98.5%, PPV 51.7%, and NPV 99.8%.

Conclusions: VIA has an acceptable test parameter for population based cervical screening in Mongolia. Compliance with colposcopy was 90%. Alternative methods of management that could be explored in this setting include immediate colposcopy or see and treat.