

Invited Speakers

I_{nm}-1: Indication of First Trimester Sonography

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Improvement in ultrasound technology, including transvaginal sonography and higher frequency probes, has led to a better understanding of early pregnancy development. The first trimester ultrasound have been identified that can be used to reassure women that their pregnancy is progressing normally or abnormal them that their pregnancy will fail. The practicing radiologist and obstetrician must be familiar with basic embryology and sonography of the first trimester to interpret studies accurately and counsel women about the status of their early pregnancies. Sonographic appearance depends on the stage of development and size of size of the conceptus. Therefore, sonographic examination should be relevant to developmental stage. Most examinations are needed for vaginal bleeding or pelvic pain, or a palpable mass which has revealed in physical exam. The primary goals of early first trimester sonography examination are as follows: 1. Site of implantation (intrauterine pregnancy or ectopic), 2. shape and size of gestational sac, 3. Presence of yolk sac and embryo, 4. Presence of cardiac activity, 5. Assessment of gestational age, 6. presence and size of sub-chorionic hematoma, 7. Assessment of uterine or adnexal masses and 8. Detection of embryonic fetal anomalies.

Keywords: First Trimester, Ultrasound

I_{nm}-2: Polycystic Ovarian Syndrome is a Potent Risk Factor for GDM in Infertile Patient

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Objective: Gestational diabetes mellitus (GDM), a common medical complication of pregnancy, is defined as "any degree of glucose intolerance with onset or first recognition during pregnancy. Risk factors for GDM:

a previous GDM or Pre diabetes, a family history revealing a first degree relative with type 2 diabetes, maternal age (>35yr), ethnic background, being overweight, a previous pregnancy which resulted in a child with a high birth weight, Poly cystic ovary syndrome (PCOS).

The aim of this study is influence of PCOS on GDM without consideration of obesity.

Materials and Methods: Our retrospective study subjects were 530 patients with different Diagnosis of infertility who offered to prenatal Clinic after pregnancy

with assisted reproductive technique (ART) in Royan Institute during 12 month (March 2012-February 2013). Diagnosis of PCOS patients has been with Rotterdam criteria. Diagnosis of GDM was based on glucose challenge test (GCT) (with 50 gr Glucose) and then confirmed with glucose tolerance test (GTT) (with 100 gr Glucose) in 24-28 week of pregnancy. Weight and Height were measured and body mass index (BMI) was calculated for each patient. The prevalence of GDM in PCOS and non PCOS were compared.

Result: Mean age: 29.8±4.5, Mean BMI: 25.2±3.9. Total number of patient were 530, 204 and 326 were PCOS and Non PCOS respectively. 100 of 204 patients with PCOS had GDM (49.4%) and 111 of 326 patients with non PCOS had GDM (34%), it shows that prevalence of GDM were significantly higher in PCOS subjects. (P=0.001) Mean BMI and age were (BMI: 26.1 ± 3.5, Age: 29.8 ± 4.1) in PCOS and (BMI: 25.5 ± 4.1, Age: 30.9 ± 4.8) in Non PCOS woman respectively. There were no statistically significant differences in BMI and age factors between two groups.

Conclusion: PCOS is one of the most important risk factors for GDM without consideration of obesity. We recommend infertile patients with history of PCOS should be investigated for GDM as soon as possible in pregnancy.

Key Words: Gestational Diabetes, Polycystic Ovarian Syndrome, Obesity, Infertility

I_{nm}-3: Concept of Sexual Satisfaction: A New Look

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The process of sexual response is defined in four phases: Desire, Excitement or arousal, Orgasm and Resolution. This model was introduced by Mr. Masters and Mrs. Johnsons for the first time and then completed by Mrs. Kaplan. At that time, this classification was so practical and valuable for understanding sexual response and thereupon defining sexual dysfunctions, even being still used as a criterion for classification of sexual dysfunctions.

After some decades this model was criticized by experts. This model being somehow determined as a linear model, has limited sexual function to physiological phases, whereas in practice sexual response and behavior is extremely related to mental aspects in human. Even in physiologic changes, linear model is mostly focused on responses of sexual organs.

Another critical issue in this model is lack of attention to the concept of sexual relationship and limiting it to intercourse and also disregard for the difference of sexual relationship concept between some men and women. Different studies have shown that sexual demands and considerations in females can be totally different from males. Intimacy, emotions, relation and appropriate dialogue, commitment and pregnancy are some examples for those considerations that have been ignored in physiological models whilst all of mentioned factors are