

در این خلاصه مقاله می خوانیم:

## کربوکسی تراپی به عنوان روشی جدید در بهبود زخم های جراحی حوزه زنان و زایمان

همیشه درمان و بهبودی زخم ها با مشکلات فراوانی همراه بوده است. استفاده از کربوکسی تراپی می تواند به عنوان روشی کاربردی در درمان این زخم ها مورد استفاده قرار گیرد. کربوکسی تراپی دارای اندیکاسیون های درمانی فراوانی بوده و موجب گشته است امروزه در میان جامعه پزشکی محبوبیت زیادی کسب کند.

این خلاصه مقاله به بررسی نتایج استفاده از کربوکسی تراپی در درمان زخم بیماران پرداخته است. ۱۰ بیمار - ۶ بیمار دارای زخم جراحی ابدومینو، ۲ جراحی ناحیه ژنیتال، یک لومپیکتومی سینه و یک زخم پا- مورد بررسی درمانی با کربوکسی قرار گرفتند. نتایج حاصله نشان دهنده آن بود که در تمام بیماران نسبت به استفاده از روش های رایج، سرعت بهبودی افزایش یافته بود از طرفی میزان رگزایی و کلاژن سازی افزایش و میزان التهاب کاهش از خود نشان داد.

enucleation, complicated at laparoscopy. Adequate hemostasis provide safety of forthcoming pregnancy and labor.

This way allows us to perform a high-grade suture in the uterus in patients who is planning to have future pregnancy with minimum invasive technique.

#### M514

##### LOCAL CARBOXYTHERAPY: NEW TECHNOLOGY FOR GYNECOLOGISTS AND OBSTETRICIANS TO ACCELERATE AND IMPROVE THE CLOSURE OF DEHISCENT SURGICAL WOUNDS

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**Objectives:** The problem originating in open surgical wounds in the postoperative period is serious and not uncommon. Some forms of accelerating healing and the improvement of this process show a good resolution in terms of healing, but not in appearance. We present a methodology to achieve a faster resolution that is nearly complete for aesthetics and function, with little or no formation of scarring.

**Materials:** CO<sub>2</sub> was used in 10 patients with dehiscence wounds: 6 abdominal surgeries, 2 vulvovaginal, 1 breast lumpectomy and 1 foot surgery wound. All involved Dermo Thera<sup>®</sup> equipment; designed and intended for gynecologists, with hand pieces for the vagina and/or cervix, neck treatments and cutaneous superficial treatments.

Sessions every 48 to 72 hours. We took a sample of the closed wound before its final apposition for an anatomical-pathological study of the growth tissue, and compared it with samples of tissue corresponding to wounds not closed with CO<sub>2</sub>.

**Methods:** Study prospective, observational and descriptive.

**Results:** We obtained a faster closure (according to the size of the dehiscence) and aesthetically very acceptable in the ten patients (100%), both factors were far superior to those achieved with the current treatments. Histopathological studies clearly showed the best neo-vascularization, minimal or absent inflammatory infiltrate, less significant fibrous reaction and an effective, ordered and faster collagenogenesis when comparing them to the standard/current treatments.

**Conclusions:** Carboxytherapy has demonstrated the pathophysiological effect for the success of this treatment compared to treatment to the present. The Bohr effect caused by an increased pressure of the injected gas (CO<sub>2</sub>) causes rapid increase in arteriolar blood velocity, and the resulting higher flow rate causes an immediate transfer of O<sub>2</sub> at high pressure and immediate 'interstitial fluid cleaning' of extracellular fluid by full reabsorption of toxic free radicals and cellular debris. This phenomenon forms the basis of the acceleration and improved circulation, improving skin healing and neovascularization, evidenced by more effective and sooner neocollagenogenesis and wound closure. In summary, we believe this study demonstrates the enormous benefits of Carboxytherapy for the quick physiological and aesthetic healing of surgical wounds.

#### M515

##### MATERNAL RISK FACTORS AND NEONATAL OUTCOME OF THE ADMITTED PATIENTS FOR PRETERM SPONTANEOUS UTERINE CONTRACTIONS

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**Objectives:** To evaluate several maternal risk factors and outcome of pregnancies who were admitted for preterm spontaneous uterine contractions (PSUC).

**Materials:** All of the 327 pregnant women who were admitted for PSUC in Hafez hospital from 23 Sep. 2007 to 28 Feb. 2009 were

included in this study. Data were collected retrospectively from the admission charts. PTL was confirmed for every patient according to ACOG criteria if the patient had 4 contractions in 20 minutes or 8 in 60 minutes plus progressive change in the cervix and cervical dilatation greater than 1 cm and cervical effacement of 80 percent or greater. The patients with documented PSUC without cervical changes were considered to have threatened PTL. Gestational ages less than 259 days the pregnancy was considered to be preterm.

**Methods:** Simultaneous maternal risk factors such as; history of previous PTB, abortion, infertility, infectious disease, uterine disease, endocrine or any organ system disease was evaluated. Data about pregnancy complications such as; rupture of membranes (ROM), vaginal bleeding, poly or oligohydramniotic, diabetes, hypertensive disorders were extracted from the hospital charts. The cases were followed up to delivery and the time interval between admission for PSUC and birth also their neonatal outcomes were evaluated.

**Results:** There were 297 (90.82%) singleton, 27 (8.25%) twin and 3 (0.91%) triplet pregnancies. Only 12 women (3.6%) fulfilled the ACOG criteria for PTL who delivered in a few hours and 315 cases (96.3%) were classified as threatened PTL and most of them were discharged undelivered from the hospital. 103 cases were missed and 224 mothers and their 247 neonates remained. 121 women from this cohort had preterm birth (PTB) and delivered before 259 days (54%). We found that 121 women from this cohort finally had PTB before 259 days (54%).

Pregnancy outcomes including; the time interval between admission for PSUC and delivery, the mean gestational ages at birth, birth weights, number and duration of NICU admissions were evaluated in each group.

**Conclusions:** Regular uterine contractions even in the absence of cervical changes should be considered as a potent risk factor for PTB. The most frequently associated maternal risk factors were history of abortion, infertility and previous PTB, and the most frequently associated complications were preterm ROM, vaginal bleeding and febrile diseases.

#### M516

##### PREVALENCE OF PREGNANCY GINGIVITIS AND ASSOCIATED RISK FACTORS AMONG LIBYAN WOMEN

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**Objectives:** to determine the prevalence of pregnancy gingivitis and the risk factors of the severity of the disease, also to highlight the magnitude the problem and increase attention about dental care during pregnancy in our locality.

**Materials:** A cross sectional study was conducted among the all pregnant women attending Misurata central dental clinic at the early morning, the sampling method was convenient sampling and a total of 122 subjects were examined. The subjects were assessed in one single clinic visit by single examiner to ensure a standardization of scoring.

**Methods:** Patients were assessed in one single clinic visit. The patient's age was ranged between 17–46 years old.

The data was documented in the questionnaire of the epidemiological examination according to WHO recommendation. The partial recording system; where in six teeth were selected; were used in the clinical examination for assessment of (GI) and (PI). Stages of pregnancy, gingival index, plaque index, simplified oral hygiene index, oral care, education level and obstetrical history were recorded and analyzed by using SPSS 15.0 for windows.

**Results:** Of the 122 patients, 94 women (77%) had moderate to severe grade of gingival condition, 96 (78.6%) had moderate to heavy grade of supragingival plaque and 93 (76.2%) had fair to poor grade of oral hygiene scores. 100% these women showed signs of gingival inflammation with a high mean gingival index (1.58±0.046) and statistically significant increases as pregnancy advanced reported.