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OF MEDICINE AND PHARMACY
FROM TIMIȘOARA

Advances in Women's Health: From Minimally Invasive Surgery to Reproductive Innovation



MANIFESTĂRI ȘTIINȚIFICE

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4th National Congress of Minimally Invasive Surgery in Gynecology
&
17th Annual Egon and Ann Diczfalusy Foundation Conference

Editors:

Marius Craina
Elena Bernad
Zoran Popa



Editura „Victor Babeș”

Piața Eftimie Murgu nr. 2, cam. 316, 300041 Timișoara

Tel./Fax 0256 495 210

e-mail: evb@umft.ro

www.umft.ro/editura

Director general: Prof. univ. dr. Sorin Ursoniu

Colecția: MANIFESTĂRI ȘTIINȚIFICE

Coordonatori colecție: Prof. univ. dr. Danina Muntean

Prof. univ. dr. Bogdan Timar

Referent științific: Prof. univ. dr. Alina Popescu

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Preface

It is with great pleasure that we present the e-Book of Abstracts dedicated to two prestigious scientific events organised in Timișoara, Romania, between November 12–15, 2025:

- The 4th National Congress of Minimally Invasive Surgery in Gynecology, organised by the Romanian Society of Minimally Invasive Surgery, and*
- The 17th Annual Conference of the Egon and Ann Diczfalussy Foundation.*

Both events are held under the auspices of Victor Babeș University of Medicine and Pharmacy of Timișoara, in collaboration with the University of Szeged, the University of Novi Sad, and the Pius Brînzeu Emergency County Clinical Hospital in Timișoara.

This joint edition reflects the growing synergy between clinical innovation and academic research in the fields of obstetrics, gynecology, and reproductive medicine. By bringing together distinguished specialists from Romania and abroad, the organisers aim to create a dynamic forum for sharing the latest scientific evidence, discussing new technologies, and defining the standards of future medical practice.

The scientific program of these meetings encompasses a broad spectrum of topics - from minimally invasive surgical techniques and ultrasound-guided procedures to placental and reproductive pathology, assisted human reproduction, gynecologic oncology, environmental and endocrine influences on health, and the emerging applications of artificial intelligence in women's medicine.

The Pre-Congress and Pre-Conference practical courses provide participants with invaluable opportunities for hands-on learning and simulation-based training. At the same time, the oral communications and poster sessions showcase the diversity and quality of contemporary research in the region and beyond.

This e-Book of Abstracts serves as both a scientific record and a testimony to the collaborative spirit that unites universities, hospitals, and research institutions worldwide. It gathers the work of clinicians, researchers, and students who advance medical science and whose efforts embody the shared mission of improving women's health through knowledge, compassion, and innovation.

We express our sincere gratitude to all contributors, reviewers, moderators, and institutional partners who made these events possible, and to all participants who joined us in celebrating the spirit of medical excellence in Timișoara - a city of education, research, and friendship.

Prof. Univ. Dr. Marius Craina

Prof. Univ. Dr. Zoran Popa

Presidents of the 4th National Congress of Minimally Invasive Surgery in Gynecology

Prof. Univ. Dr. Ferenc Bari

President of the Egon and Ann Diczfalussy Foundation

Conf. Univ. Dr. Elena Bernad

President of the 17th Annual Conference of the Egon and Ann Diczfalussy Foundation

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PARAMETRIAL ENDOMETRIOSIS

Thiers Soares Raymundo

Doctor Honoris Causa – Victor Babes University – Timisoara - Romania

State Univeristy of Rio de Janeiro – Rio de Janeiro – Brasil

Cardoso Fontes Hopsital – Rio de Janeiro - Brasil

Background: *Parametrial endometriosis is a complex form of deep infiltrating endometriosis (DIE) that involves critical pelvic structures such as the ureter, uterine vessels, and pelvic nerves. Due to its anatomical challenges, both diagnosis and treatment require advanced imaging and surgical expertise. This lecture demonstrates the role of minimally invasive surgery in managing this condition.*

Material and Methods: *A series of representative surgical videos from 2021 to 2024 were selected from our institutional archive, showing various stages of laparoscopic/robotic treatment for parametrial endometriosis. All procedures were performed by a multidisciplinary team using a nerve-sparing, compartmental dissection approach. Preoperative imaging, intraoperative findings, surgical steps, and key anatomical landmarks are demonstrated.*

Results: *The lecture illustrates effective strategies for identification and safe dissection of parametrial disease, with emphasis on preservation of pelvic nerves and vascular structures. Techniques such as ureterolysis, pararectal space development, and nerve-sparing dissection are highlighted. Postoperative outcomes across these cases showed significant symptom relief with low complication rates.*

Conclusion: *Video-assisted surgical education is a powerful tool in understanding the complexity of parametrial endometriosis. A multidisciplinary, minimally invasive approach enables effective and safe management, optimizing both anatomical and functional outcomes.*

Keywords: *endometriosis; parametrial; robotic*



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THE FUTURE OF LAPAROSCOPY IN RESOURCE- CONSTRAINED SETTINGS: WITH AN EMPHASIS ON INNOVATIONS IN NON-ROBOTIC LAPAROSCOPIC SURGERY AND EMERGING TECHNOLOGIES

Jessica Ybanez-Morano

Northeastern Medical University, Trinity Health System,
Department of Obstetrics and Gynecology, Steubenville, OH, USA

Steubenville, OH 43952

Laparoscopic surgery has revolutionized the field of minimally invasive surgery, offering patients shorter recovery times and reduced postoperative pain. However, the advent of robotic-assisted surgery poses challenges in resource-constrained settings, where high costs and infrastructure barriers limit access. This presentation aims to explore the dual trajectory of advancements in robotic laparoscopic technologies alongside the continuing evolution of traditional non-robotic laparoscopic techniques.

Focusing on innovations emerging in low-resource environments, we will discuss novel approaches such as single-incision laparoscopic surgeries, the integration of augmented and virtual reality for training, and the use of telemedicine to enhance surgical outcomes. Through case studies and current practices, this presentation will illustrate the adaptability of non robotic laparoscopic techniques in overcoming local challenges, thereby enhancing surgical delivery and patient care in underserved areas. The future of laparoscopy in these settings hinges on leveraging these innovations, fostering local capacity, and encouraging collaborative efforts among healthcare practitioners, policymakers, and educational institutions.

Keywords: *laparoscopy, robotic-assisted surgery, non-robotic laparoscopic techniques, surgery and emerging technologies*



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OBSTETRIC OUTCOMES AFTER HYSTEROSCOPIC MYOMECTOMY

Dejana Kokotović¹, Aleksandra Vejnović^{1,2}

¹Department of Gynecology and Obstetrics, Faculty of Medicine, University of Medicine,
Novi Sad, Serbia

²Clinic of Gynecology and Obstetrics, University Clinical Center of Vojvodina, Novi Sad, Serbia

Background: *Submucosal fibroids are known to negatively affect fertility by impairing implantation and increasing the risk of miscarriage. Surgical removal of these fibroids has been shown to improve obstetric outcomes. Hysteroscopic myomectomy represents a minimally invasive and fertility-preserving approach, as it avoids abdominal incisions, thereby reducing the risk of intraperitoneal adhesions. This technique is associated with a shorter post-operative contraception period and allows for the possibility of vaginal delivery.*

Material and Methods: *The research was conducted as a retrospective study at the Clinic of Gynecology and Obstetrics, University Clinical Center of Vojvodina. The study included all patients who underwent hysteroscopic myomectomy during a four-year period (from January 1, 2020, to December 31, 2024). The data were retrieved from medical records accessed through the Clinical Information System. Statistical analysis was conducted using Microsoft Excel 365.*

Results: *A total of 210 women were included in the study, of whom 183 were of reproductive age; among these, 25 achieved pregnancy. In 67% of the women conception occurred through in vitro fertilization, while 33% conceived spontaneously. The pregnancy outcomes were as follows: live birth in 74 % of cases, spontaneous miscarriage in 21% and missed miscarriage in 5%. Of all deliveries, 21% were spontaneous vaginal births, 50% were elective cesarean sections and 29% were emergency cesarean sections.*

Conclusion: *The results highlight the significant benefits of hysteroscopic myomectomy in enhancing fertility outcomes and reducing postoperative complications in women with submucosal fibroids, making it a preferred surgical option for patients desiring pregnancy.*

Keywords: *hysteroscopic myomectomy, obstetric outcomes, submucosal fibroids, delivery rate*



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INTRAOPERATIVE ULTRASOUND IN MINIMALLY INVASIVE SURGERY FOR DEEP ENDOMETRIOSIS: TIME FOR NEW APPROACHES

Alin Constantin¹, Meletios Nigdelis^{1,2}

¹Clinic for Gynecology, Obstetrics and Reproductive Medicine, Saarland University Medical
Center, Homburg, Germany

²1st Department of Obstetrics and Gynecology, Papageorgiou General Hospital, School of
Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece

Background: *Deep endometriosis (DE) represents a challenging condition requiring precise preoperative mapping and intraoperative management. While transvaginal ultrasound (TVUS) and MRI have improved non-invasive diagnostics, both may fail in cases of severe anatomical distortion. Intraoperative ultrasound (IO-US) offers real-time imaging that may enhance surgical precision and completeness of excision. This review explores current evidence and emerging applications of IO-US in minimally invasive surgery for DE.*

Material and Methods: *A comprehensive literature search was conducted in PubMed, ScienceDirect, and Google Scholar for English-language studies using the terms 'intraoperative ultrasound,' 'laparoscopic ultrasound,' and 'deep endometriosis.' All relevant clinical studies, case series, and case reports describing the application of IO-US in gynecologic surgery were reviewed and summarized.*

Results: *IO-US can be applied in various gynecologic surgeries using transabdominal, transvaginal, transrectal, laparoscopic, or contact probes. In DE, IO-US enhances intraoperative detection of lesions, depth of infiltration, and anatomical relations with critical structures. Particularly in rectosigmoid endometriosis, it allows better assessment of lesion size and bowel involvement, potentially optimizing the choice between shaving, discoid, or segmental resection. IO-US may also assist in assessing adenomyosis, parametrial, and diaphragmatic lesions. Early reports indicate its feasibility and safety; however, standardized protocols and larger prospective studies are lacking.*

Conclusion: *Intraoperative ultrasound is a promising adjunctive tool in minimally invasive surgery for deep endometriosis, improving lesion localization and completeness of excision while minimizing morbidity. Future studies should standardize techniques and evaluate its impact on surgical outcomes.*

Keywords: *Endometriosis; Intraoperative ultrasound; Minimally invasive surgery; Laparoscopy; Surgical navigation*



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RARE INTRAOPERATIVE COMPLICATIONS DURING LAPAROSCOPIC HYSTERECTOMY

Muntean Romeo, Racovitan Anastasia

Ist Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

Background: Laparoscopic hysterectomy is one of the most common gynecologic surgeries worldwide, with a generally low rate of intraoperative complications. However, rare and unexpected events may occur, challenging even experienced surgeons. Reporting and analyzing such cases contribute to surgical education, improve patient safety, and expand collective clinical knowledge beyond what is covered in standard literature.

Material and Methods: A series of representative cases from 2022 to 2025 were selected from our institutional archive, showing the complications during laparoscopic hysterectomy. All procedures were performed in our clinic. Preoperative imaging, intraoperative findings and surgical steps are demonstrated.

Results: The lecture illustrates unpredictable events base on guidelines, preoperative imaging or surgical risk profile. Postoperative outcomes across these cases showed full recovery without long-term complications.

Conclusion: Rare complications during hysterectomy can arise from anatomic variants or physiologic responses unrecognized in standard teaching materials. These cases highlight the importance of constant vigilance, surgical adaptability, and thorough understanding of pelvic anatomy.

Keywords: *hysterectomy, complications*



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BEYOND THE TEXTBOOKS: REAL-LIFE COMPLEXITIES IN LAPAROSCOPIC GYNECOLOGY

Zoran L. Popa¹, Denis Gruber², Anca M. Bîcă¹

¹Department XII Obstetrics and Gynecology, "Victor Babeș" University of Medicine and Pharmacy, Timișoara, România

²Doctoral School Medicine-Pharmacy, "Victor Babeș" University of Medicine and Pharmacy from Timișoara, Romania

Background: *Minimally invasive surgery has become the gold standard in gynecology, offering reduced morbidity, shorter hospitalization and faster recovery compared with laparotomy. However, real-world laparoscopic practice often involves patients with complex pathology that significantly increases surgical difficulty. Among the most challenging scenarios are the following: severe adhesion syndromes following pelvic inflammatory disease or multiple previous surgeries, very large uterine masses that distort pelvic anatomy, intraoperative hemorrhage from vascular spaces such as the presacral area and unusual tumor localizations such as intraligamentary fibroids. Additional complexity arises from anatomical distortion caused by endometriosis, adenomyosis, or recurrent fibroids, as well as cases requiring functional reconstruction, for example in urinary incontinence treated via laparoscopic Burch colposuspension or pelvic organ prolapse managed with sacrocolpopexy.*

Material and Methods: *We report a case series of patients undergoing advanced laparoscopic procedures in our clinic, selected to illustrate real-life complexities. The series included: (1) massive pelvic adhesion syndrome, (2) large uterine tumor masses with distortion of pelvic anatomy, (3) intraoperative hemorrhage from the presacral venous plexus, (4) intraligamentary fibroids with difficult dissection planes, and (5) anatomical restoration procedures for urinary incontinence and prolapse via Burch technique and sacrocolpopexy.*

Results: *All procedures were successfully completed laparoscopically. Intraoperative challenges, including hemorrhage and difficult dissections, were managed without the need for conversion to laparotomy. Anatomical restoration was achieved in all reconstructive cases, and all patients recovered without major postoperative complications.*

Conclusion: *Complex gynecologic cases, often beyond the scope of standard textbook scenarios, can be managed effectively through advanced laparoscopic surgery in experienced hands. Even in the presence of severe adhesions, massive tumors, vascular complications, or atypical tumor locations, minimally invasive approaches allow for safe and successful outcomes, avoiding conversion to open surgery.*

Keywords: *laparoscopy; gynecologic surgery; minimally invasive reconstruction.*



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THE IMPACT OF MINIMALLY-INVASIVE PROCEDURES IN THE TREATMENT OF OVARIAN CANCER

Vlad Lupu¹, Radu Dragomir^{1,2}

¹Oncohelp Oncology Center, Timisoara, Romania

²Department of Oncology, “Victor Babes” University of Medicine and Pharmacy, Timisoara, Romania

Background: *Minimally invasive surgery (MIS) has transformed the surgical management of ovarian cancer (OC), allowing for a reduction of perioperative morbidity, while maintaining oncologic safety in selected patients. The role of MIS across the ovarian cancer continuous spectrum is essential at various time-frames – from diagnostic laparoscopy to staging procedures and interval debulking surgery after neoadjuvant chemotherapy.*

Material and Methods: *The information was compiled from up-to-date clinical guidelines (NCCN, ESMO, ESGO, ASCO). The discussed procedures were selected based on clinical relevance, supporting evidence from high-impact oncology journals and guideline-integration. The overview is organized by clinical spectrum of use and highlights the data backing the clinical use of these techniques.*

Results: *Evidence from recent trials and meta-analyses demonstrates that MIS can achieve comparable cytoreductive and survival outcomes to open surgery in carefully selected cases, with clear benefits in recovery time, quality of life, and time to adjuvant therapy. Scoring protocols, such as Peritoneal Cancer Index and the Faggoti Score have streamlined the surgical act in OC treatment. However, controversies persist regarding long-term oncologic safety, and especially the influence of the surgical expertise. Hence, the available data in the literature must be cautiously interpreted in respect to each center’s experience. Looking at the future, robot-assisted techniques, hyperthermic intraperitoneal chemotherapy (HIPEC) and futuristic directions, including artificial intelligence-guided surgical planning and fluorescence imaging may further enhance the clinical outcomes.*

Conclusion: *Ultimately, minimally invasive approaches should be viewed as complementary to traditional surgery tools that, when adequately applied within multidisciplinary teams, can optimize outcomes and patient experience in ovarian cancer care.*

Keywords: *ovarian cancer, staging, laparoscopy, oncology*



LAPAROSCOPIC MANAGEMENT OF ADNEXAL TORSION: SURGICAL TECHNIQUES AND CLINICAL OVERVIEW

Craina Marius-Lucian^{1,2}, Marta Carmen-Ioana^{1,2}, Cioran Paula^{1,2}

¹Department of Obstetrics and Gynecology, Center for Laparoscopy, Laparoscopic Surgery and In Vitro Fertilization, “Victor Babes” University of Medicine and Pharmacy of Timișoara, Romania

²1st Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

Overview: Adnexal torsion is a gynecological emergency that involves the partial or complete rotation of the ovary and/or fallopian tube around its vascular pedicle, leading to a reduction or cessation of blood flow. This vascular compromise can result in ischemia, necrosis, and potential loss of ovarian function if not promptly managed. Although adnexal torsion accounts for only 2–3% of acute gynecologic emergencies, its impact on fertility preservation and reproductive health is significant. It may occur at any age, from childhood to postmenopause, but is most frequently seen in women of reproductive age. It is also more common during pregnancy or in the presence of ovarian cysts or masses that increase adnexal mobility. The clinical presentation is often nonspecific, with sudden-onset lower abdominal pain, nausea, and vomiting being the most common symptoms. Because these signs overlap with other acute abdominal conditions such as appendicitis or ruptured ovarian cysts, diagnosis can be challenging and often requires a high index of suspicion. Imaging, particularly transvaginal ultrasound with Doppler flow studies, plays an essential role, yet the definitive diagnosis is frequently made intraoperatively.

Laparoscopy has become the gold standard for both the diagnosis and management of adnexal torsion. The minimally invasive approach provides excellent visualization of pelvic structures, allowing for accurate identification of the torsed adnexa and assessment of tissue viability. Compared to traditional laparotomy, laparoscopy offers numerous advantages including reduced postoperative pain, lower blood loss, shorter hospital stays, and faster recovery times. Importantly, it facilitates conservative surgical techniques aimed at preserving ovarian function.

The laparoscopic management of adnexal torsion emphasizes timely intervention, gentle detorsion, and the avoidance of unnecessary oophorectomy, especially in younger patients where fertility preservation is a primary concern. Advances in laparoscopic instrumentation and surgical expertise have further expanded the role of laparoscopy in emergency gynecologic care, making it the preferred approach in most institutions.

This presentation will provide an overview of the pathophysiology, diagnostic challenges, and laparoscopic management strategies for adnexal torsion. It will discuss key aspects of intraoperative decision-making, including the assessment of ovarian viability, use of fertility-sparing techniques, and postoperative outcomes. Emphasis will be placed on the growing evidence that supports conservative laparoscopic management as both safe and effective, reinforcing laparoscopy as the cornerstone of modern surgical treatment in adnexal torsion.

Keywords: adnexal torsion, laparoscopic management, laparotomy



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THE ROLE OF OVAROPEXY IN LAPAROSCOPIC SURGERY IN PATIENTS WITH ENDOMETRIOSIS

Alexandra Nienhaus, Milou Paulussen

Department of Obstetrics, Marienhospital, Ahaus, Germany

Material and Methods: *This is a retrospective analysis of the performed laparoscopic ovariopexy in our department between 01.10.2023 and 01.07.2025 in patients with endometriosis.*

Results: *Adhesions in endometriosis are often and can be either postoperative or inflammatory adhesions. To prevent the recurrence after surgery with extensive resection we performed an unilateral or bilateral ovariopexy through the abdominal anterior wall which was removed after 24-48 hours. The total number of treated patients was 17. There are very few data for how long the ovariopexy should be preserved. We had no complications intraoperativ or in the postoperative period in our group of patients.*

As a rare complication we saw an ectopic gravidity 1 year after performed laparoscopic ovariopexy in an other hospital who was removed after 48h. The laparoscopic finding showed that the ovar and fallopian tube were still adherent to the anterior abdominal wall and the ectopic gravidity was on this side. The other side showed an normal ovar and fallopian tube. There were no signs for an endometriosis recurrence.

Conclusion: *The laparoscopic ovariopexy is a safe method to prevent adhesion in patients with endometriosis and extensive resection of the findings.*

Keywords: *endometriosis, ovariopexy, adhesions*



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FORTUITOUS EVENT AND FORCE MAJEURE - EXONERATING CAUSES OF A DOCTOR'S LIABILITY

Dan Boitor

Department of Obstetrics-Gynecology, University of Medicine and Pharmacy "Iuliu Hatieganu"
Cluj-Napoca, Romania

Background: *In the matter of a civil liability, the physicians are liable for damages caused by their culpable act, if the existence of the damage, the unlawful act, the causal link, and the author's fault are proven. However, there are situations where the doctor is exonerated from liability, including cases of fortuitous events and force majeure.*

Review: *A fortuitous case is an unpredictable and unavoidable event, but it doesn't necessarily have an absolutely external character; it can even occur within medical activity itself. The doctor is exonerated from liability because the event could not have been anticipated and exceeds the limits of their duty of diligence. Examples of force majeure include: atypical allergic reactions to a correctly administered medication; impossible-to-anticipate complications of a surgical intervention; acute fetal distress without previously identified risk factors and impossible to prevent through standard monitoring.*

Force majeure is an external, unpredictable, absolutely invincible, and inevitable event. It has an origin outside the doctor's will, cannot be foreseen with even the utmost diligence, and cannot be avoided or removed. The doctor is not liable for the harm caused to the patient, as the external event was the determining factor. Examples of force majeure include: natural disasters; fires or explosions in the medical facility; war or terrorist situations.

In practice, the exemption from liability only applies if it is proven that the doctor complied with professional standards and the applicable medical protocols, and the damage was caused solely by the unforeseeable and unavoidable event.

Conclusion: *In Obstetrics Gynecology, a doctor can be exonerated from liability for damages caused to the patient if these result from a force majeure event or a fortuitous event. In both cases, the essential condition is that the doctor acted in accordance with their professional obligations and there was no medical negligence.*

Keywords: *exoneration; civil liability; fortuitous event; force majeure; Obstetrics Gynecology.*



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THE PLACE OF MINIMALLY INVASIVE SURGERY IN THE INVESTIGATION OF COUPLES WITH INFERTILITY

Bogdan Doroftei^{1,2,3}, Ana-Maria Cretu^{1,2,3}

¹Maternal and child medicine, Gr. T. Popa University of Medicine and Pharmacy, Iasi, Romania

²Obstetrics and Gynecology II, Cuza Voda Clinical Hospital of Obstetrics and Gynecology, Iasi, Romania

³Origyn Fertility Center Iasi, Romania

Background: *Infertility represents the pathology occurring in 1 in 6 couples at reproductive age and represents the inability of obtaining a spontaneous pregnancy after 1 year of regular sexual intercourse or 6 months when the female partner is over 35 years old. The etiology of infertility is diverse and infertility management requires special training via multidisciplinary teams. Infertile couples, both male and female partners, undergo multiple investigations that may consist of blood tests, biological and genetic testing, imageries and surgeries if necessary.*

Material and Methods: *Hysteroscopy and laparoscopy are minimally invasive surgical techniques that allow specialists to visualize the inside of the uterus and the internal reproductive organs in diagnostic purpose as well as for operative reasons. Furthermore, diagnostic hysteroscopy is a mandatory step before performing the Embryo transfer (ET) in the in vitro Fertilization cycles. This paper aims to present the main organic causes of infertility that can be managed surgically using minimally invasive techniques such as hysteroscopy and laparoscopy. The videos presented come from our daily practice at Origyn Fertility Center and Cuza Voda Clinical Hospital in Iasi, Romania.*

Results: *Following the international societies guidelines and good practice recommendations clinicians perform minimally invasive surgical techniques in order to manage gynecological pathologies that cause infertility. Chronic Endometritis, Endometrial polyps and fibroids, uterine adhesions, uterine malformations, niche, endometrial hypertrophy are the most frequent uterine organic causes of infertility that can be managed during diagnostic or operative hysteroscopy. During diagnostic laparoscopy surgeons can check the tubal patency or perform endometriosis staging. Operative laparoscopy is performed in order to solve different pathologies such as endometriosis, ovarian cysts, fibroids, pelvic adhesions, chronic pelvic inflammatory disease and ectopic pregnancy.*

Conclusion: *Minimally invasive surgery is essential in selected cases and mandatory in infertility management and before performing assisted reproduction techniques (ART). Well trained specialists in the surgical field must fulfill special training modules that allow them to learn the appropriate use of the technologies, the surgical steps, the recognition of complications occurrence as well as complications' management.*

Keywords: *Infertility, Hysteroscopy, Laparoscopy, minimally invasive surgery, ART*



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ULTRASOUND-GUIDED AND LAPAROSCOPIC SCLEROTHERAPY OF OVARIAN CYSTS – A MINIMALLY INVASIVE APPROACH IN MODERN GYNECOLOGY

**Anca Huniadi^{1,2}, Ioana Zaha^{1,2}, Marius Goman^{2,3}, Timea Ghitea⁴,
Radu Galiș^{6,7}, Liana Ștefan^{1,2,3}, Viorela -Romina Murvai^{2,3,5}**

¹Department of Surgical Sciences, Obstetrics and Gynecology, Faculty of Medicine and
Pharmacy, University of Oradea, Romania

²Calla-Infertility Diagnostic and Treatment Center, Oradea, Romania

³Department of Obstetrics and Gynecology, Emergency County Hospital Bihor, Oradea, Romania

⁴Pharmacy Department, Faculty of Medicine and Pharmacy, University of Oradea, Romania

⁵ Doctoral School of Biological and Biomedical Sciences, University of Oradea, Romania

⁶Department of Neonatology, Faculty of Medicine and Pharmacy, University of Oradea, Romania

⁷ Department of Neonatology, Emergency County Hospital Bihor, Romania

Background: *Ovarian cysts are among the most frequently encountered adnexal masses in women of reproductive age. While many are functional and self-limiting, a subset may persist, cause symptoms, or raise concerns for complications. Sclerotherapy - particularly when performed via minimally invasive approaches such as ultrasound-guided aspiration or laparoscopic drainage - has gained popularity as a fertility-preserving and low-risk alternative to cystectomy.*

Material and Methods: *We reviewed current data and institutional experience regarding the application of ultrasound-guided and laparoscopic sclerotherapy in the treatment of persistent benign ovarian cysts. The technique involves aspirating the cystic content followed by the injection of a sclerosing agent, most commonly ethanol, under direct imaging control or laparoscopic visualization.*

Results: *Both approaches have shown high success rates in selected patients, with recurrence rates generally below 15%. Complication rates are low, and ovarian reserve appears to be better preserved compared to traditional cystectomy. The ultrasound-guided method offers the benefit of being office-based and sedation-free, while laparoscopy provides direct visual control and is preferable for larger or complex cysts. Patient selection and cyst morphology remain crucial for optimal outcomes.*

Conclusion: *Minimally invasive sclerotherapy, whether ultrasound-guided or laparoscopic, represents a valuable option in the therapeutic arsenal for benign ovarian cysts. With proper case selection, these approaches may reduce surgical burden, preserve fertility, and minimize recovery time.*

Keywords: *ovarian cyst, sclerotherapy, laparoscopy, ultrasound-guided, fertility preservation*



RADICAL TRACHELECTOMY IN REPRODUCTIVE-AGED WOMEN: BALANCING ONCOLOGIC SAFETY AND FERTILITY GOALS

Mihnea Andrei Nicodin^{2,3,4}, Daniela Oana Toader^{1,2}, Ioan Dumitru Suci, Ovidiu Vasile Nicodin^{3,4}, Nicolae Suci^{1,2}

¹ Alessandrescu-Rusescu National Institute for Mother and Child Health, Bucharest, Romania

² "Carol Davila" University of Medicine and Pharmacy, Bucharest

³ „Carol Davila” Central Military Emergency University Hospital, Bucharest, Romania

⁴ Titu Maiorescu University, Faculty of Medicine, Romania

Introduction: *A significant proportion of cervical cancer cases are diagnosed in women of reproductive age. Radical trachelectomy has emerged as a viable fertility-sparing treatment, aiming to balance oncologic safety with the preservation of fertility potential.*

Methods & Patient Selection: *The procedure is indicated for selected patients with early-stage cervical cancer, with key prognostic factors being tumor size, limited stromal invasion, and lymphovascular space involvement. Negative pelvic lymph node status, preferably confirmed via sentinel lymph node biopsy, is mandatory. The presentation aims to show the surgical technique of Vaginal Radical Trachelectomy and its favorable obstetrical outcomes, compared to other surgical approaches, such as Abdominal or Laparoscopic/Robotic Radical Trachelectomy.*

Results: *Oncologic outcomes with long-term data showing recurrence rates of approximately 3.4% and overall survival of 97.5%. Fertility outcomes are promising, with conception rates around 43% in studied cohorts. However, there is a significant risk of preterm birth, with the majority of deliveries occurring via cesarean section. Pregnancy following trachelectomy requires specialized obstetric care to assess these risks.*

Conclusion: *Radical trachelectomy is a safe and effective standard of care for well-selected women with early-stage cervical cancer who wish to preserve fertility. It successfully balances oncologic control with reproductive goals, though extended surveillance and management of obstetric risks are essential components of post-operative care.*

Keywords: *early stage cervical cancer, radical trachelectomy, fertility-sparing treatment, surgical technique*



THE INFLUENCE OF LAPAROSCOPIC MYOMECTOMY IN PREGNANCY

Șorop Virgiliu Bogdan^{1,2}, Mincă Mădălina-Vasilica², Bolborea Anca-Evelina²

¹Department of Obstetrics-and Gynecology, Center for Laparoscopy, Laparoscopic Surgery and In Vitro Fertilization, “Victor Babes” University of Medicine and Pharmacy from Timisoara, Romania

²Ist Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

Background: *Uterine leiomyoma is the most common benign tumor of the female reproductive system and may significantly affect fertility. It is composed of smooth muscle fibers and connective tissue and is located within the uterine wall. Leiomyomas most frequently occur during the reproductive years (25–50 years) and are hormone-dependent, influenced predominantly by estrogen and progesterone. Laparoscopic myomectomy is a minimally invasive surgical approach offering several advantages, including uterine preservation, a shorter recovery period, reduced risk of complications due to precise dissection and enhanced visualization of the operative field, as well as superior cosmetic outcomes compared to conventional open surgery. We report the clinical course of two patients with multiple uterine fibroids who underwent laparoscopic myomectomy to preserve the uterine cavity and maintain reproductive potential. One patient achieved spontaneous conception and subsequently delivered via transverse lower segment cesarean section. The second patient is currently under follow-up to meet the criteria for achieving pregnancy through in vitro fertilization. No significant intraoperative or postoperative complications were observed.*

Study Design:

Introduction: *Uterine fibroids are common among women of reproductive age and can contribute to infertility. Laparoscopic myomectomy provides uterine preservation and increases the likelihood of conception.*

Materials and Methods: *A descriptive observational case-series study including two patients who underwent laparoscopic myomectomy. Preoperative, intraoperative, and postoperative data were collected and analyzed, with particular attention to reproductive outcomes.*

Results: *One patient successfully conceived spontaneously and delivered by transverse lower segment cesarean section approximately two years after laparoscopic surgery. The second patient is currently being monitored in preparation for assisted reproductive techniques.*

Conclusions: *Laparoscopic myomectomy is a safe and effective treatment option for young women with uterine fibroids who wish to preserve fertility. Even within this small series, encouraging reproductive outcomes were observed. Further studies involving larger cohorts are needed to validate these findings.*

Keywords: *myomectomy; laparoscopy; uterine fibroid; fertility*



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ASSESSMENT OF THE ENDOMETRIUM AFTER HYSTEROSCOPIC MYOMECTOMY WITH VASSOPRESSIN USAGE

Muntean Romeo, Racovitan Anastasia

Ist Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

Background: Hysteroscopic myomectomy is the preferred method for removing submucous fibroids, offering rapid recovery and uterine preservation. However, intraoperative bleeding can obscure visualization and prolong the procedure. Vasopressin, when injected into the myometrium, induces local vasoconstriction and reduces blood loss, improving the surgical field.

Despite its benefits, concerns remain regarding the effect of vasopressin on endometrial perfusion and recovery, especially in women seeking future fertility. Postoperative assessment of the endometrium is therefore essential to ensure normal regeneration and exclude ischemic or fibrotic changes.

Material and Methods: A series of representative cases from 2023 to 2025 were selected from our institutional archive, showing the treatment for submucosal fibroids. All procedures were performed in our clinic using hysteroscopy and shaving method. Preoperative imaging, intraoperative findings, surgical steps, and key anatomical landmarks are demonstrated.

Results: The lecture illustrates significant reduction in blood loss and improved visualization in vasopressin-treated cases. Postoperative outcomes across these cases showed improved long-term integrity and preservation of fertility.

Conclusion: Vassopressin usage in hysteroscopic myomectomy significantly enhances intraoperative visualization, reduces blood loss, without compromising the endometrial integrity.

Keywords: *vasopressin, hysteroscopy*



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PRESERVING FERTILITY: LAPAROSCOPIC MYOMECTOMY IN THE CONTEXT OF ADENOMYOSIS

Zoran L. Popa¹, Denis Gruber², Anca M. Bîcă¹

¹Department XII Obstetrics and Gynecology, "Victor Babeș" University of Medicine and Pharmacy, Timișoara, Romania

²Doctoral School Medicine-Pharmacy, "Victor Babeș" University of Medicine and Pharmacy from Timișoara, Romania

Background: *Adenomyosis affects an estimated ~20% of women overall, with wide variability among population and diagnostic method. Concomitant uterine fibroids (leiomyomas) are common worldwide as well as in Romania, where studies report myomas in 20–40% of women of reproductive age and higher rates in older groups. Submucosal fibroids - although representing a minority of fibroid types—directly distort the endometrial cavity, markedly impair implantation and are associated with reduced pregnancy and live-birth rates; when cavity distortion is severe, conservative fertility preservation becomes challenging. Adenomyosis further impairs endometrial receptivity and increases miscarriage risk, complicating management when both conditions coexist.*

Material and Methods: *The objective was the restoration of fertility through surgically removing cavity-distorting fibroids via laparoscopic or hysteroscopic myomectomy in order to obtain a uterus capable of hosting pregnancy. We present a case series of five patients with uterine fibroids and coexisting adenomyosis who underwent laparoscopic myomectomy (focused resection of submucosal/intramural lesions with meticulous myometrial reconstruction). Peri-operative technique prioritized preservation of residual myometrial thickness and hemostasis.*

Results: *All five procedures were completed laparoscopically/hysteroscopically without intraoperative complications. Postoperative recovery was uneventful; all patients attempted conception and achieved pregnancy within 1–3 years after surgery. Pregnancies proceeded to live birth in the majority; no uterine ruptures were observed in this series. These findings align with evidence that resection of cavity-distorting fibroids improves conception rates, even in the setting of adenomyosis, when surgery is carefully planned.*

Conclusion: *Laparoscopic myomectomy can be an effective fertility-sparing option for women with submucosal/cavity-distorting fibroids and coexisting adenomyosis when goal is to restore a uterus capable of supporting pregnancy. Careful patient selection, conservative resection, expert laparoscopic technique and counselling about residual risks are essential. Larger prospective studies are needed to define long-term reproductive and obstetric outcomes.*

Keywords: *adenomyosis; submucosal fibroid; laparoscopic myomectomy; fertility preservation*



HYSTEROSCOPY WITH OR WITHOUT BIOPSY FOR THE DIAGNOSIS OF CHRONIC ENDOMETRITIS AND ITS IMPACT ON IVF OUTCOMES: A SYSTEMATIC REVIEW AND META- ANALYSIS

**Ana Maria Mihoci¹, Răzvan Vladimir Socolov², Ioana Pavaleanu¹,
Eduard Mihoci², Demetra Socolov²**

¹Clinical Hospital of Obstetrics and Gynecology “Elena Doamna”, Iași, Romania

²Department of Obstetrics and Gynecology, Faculty of Medicine, “Grigore T. Popa” University
of Medicine and Pharmacy, Iași, Romania

Background: *Chronic endometritis (CE) is an underdiagnosed inflammatory condition of the endometrium, increasingly associated with recurrent implantation failure, miscarriage, and reduced success of assisted reproduction. Although hysteroscopy can suggest CE through characteristic findings, definitive confirmation often requires biopsy with CD138 immunohistochemistry. The optimal diagnostic strategy and the true impact of CE and its treatment on in vitro fertilization (IVF) outcomes remain uncertain, prompting the need for systematic evidence synthesis.*

Material and Methods: *We performed a systematic review and meta-analysis (PROSPERO CRD420251130136) including randomized and observational studies (2000–2025). Eligible populations were infertile women evaluated for CE by hysteroscopy ± biopsy/IHC, reporting at least one IVF outcome. Comprehensive database and registry searches identified 542 records; 42 studies were included.*

Results: *Compared with non-CE women, CE was associated with lower clinical pregnancy (OR 1.13, 95% CI 1.04–1.22) and ongoing pregnancy/live birth rates (OR 1.16, 95% CI 1.06–1.26), and higher miscarriage (OR 1.45, 95% CI 1.25–1.67). Antibiotic treatment significantly improved outcomes: clinical pregnancy (OR 1.73, 95% CI 1.57–1.91), ongoing pregnancy/live birth (OR 1.65, 95% CI 1.48–1.83), and reduced miscarriage (OR 0.81, 95% CI 0.69–0.96). Heterogeneity was substantial, and publication bias was suggested in some analyses, warranting cautious interpretation.*

Conclusion: *CE negatively impacts IVF outcomes, but treatment restores prognosis closer to CE-negative women. Hysteroscopy combined with biopsy/CD138 IHC should be considered the diagnostic standard. Further randomized, cure-confirmed trials are needed to refine the magnitude of benefit.*

Keywords: *chronic endometritis, hysteroscopy, biopsy, in vitro fertilization, pregnancy outcome*



THE INFLUENCE OF CHRONIC ENDOMETRITIS AND ENDOMETRIAL POLYPS ON IVF RESULTS

**Constantin-Cristian Văduva^{1,2}, Laurențiu-Mihai Dîră^{1,2},
Carmen Constantinescu², Mircea Serbanescu³, Andreea Carp-Veliscu⁴,
Ruican Dan², Ivănuș Petru-Bogdan¹, Roxana-Melania Vanciu²**

¹Department of Obstetrics and Gynaecology, University of Medicine and Pharmacy of Craiova,
Filantropia Clinical Hospital, Craiova, Romania

²Department of Obstetrics, Gynaecology and IVF, HitMed Medical Center, Craiova, Romania

³Department of Pathology, University of Medicine and Pharmacy of Craiova, Filantropia
Clinical Hospital, Craiova, Romania

⁴Department of Obstetrics, Gynaecology and IVF, Carol Davila University of Medicine and
Pharmacy, Prof. Dr. Panait Sarbu Clinical Hospital, Bucharest, Romania

Introduction: *Endometrial polyps (EPs) and chronic endometritis (CE) may impair endometrial receptivity and embryo implantation, limiting assisted reproduction outcomes. We assessed the association between EPs and CE and evaluated the impact of hysteroscopic polypectomy on in vitro fertilization (IVF) results.*

Materials and Methods: *We performed a retrospective study of 394 infertile patients (2020–2022). All underwent office hysteroscopy by the same surgeon with systematic cavity inspection, endometrial biopsy, and polyp resection (PR) when indicated. Histopathology followed Kurman criteria; CE was diagnosed by stromal plasma cells. In CE, both partners received oral quinolone plus nitroimidazole. IVF was conducted by a single team using a standardized antagonist protocol and single day-5 blastocyst transfer; outcomes were reported as clinical pregnancy (CP) per aspiration cycle. Statistics used Chi-square or Fisher's exact test ($p < 0.05$).*

Results: *EPs were detected in 139/394 cases (35.28%). Among patients with EPs, tubal pathology was frequent (91/138, 65.94%). CE was more prevalent with EPs than without (94/139, 67.63% vs 118/255, 46.27%; $\chi^2 = 17.095$; $p = 0.000036$). PR was associated with higher CP after IVF compared with no PR (39.43% vs 23.53%; $\chi^2 = 4.0625$; $p = 0.043845$). Presence of EPs without PR yielded lower CP than absence of EPs (23.52% vs 40.78%; $\chi^2 = 6.8454$; $p = 0.008887$).*

Conclusion: *EPs are common in infertile patients, strongly associated with CE, and negatively affect IVF outcomes. Hysteroscopic polypectomy improves clinical pregnancy rates, supporting routine uterine cavity assessment and removal of EPs before IVF, alongside evaluation and treatment of concomitant CE. Larger randomized studies are warranted to confirm the magnitude of benefit.*

Keywords: *endometrial polyps, chronic endometritis, hysteroscopy, IVF*



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MANAGEMENT OF OBSTETRIC EMERGENCIES WITH VITAL MATERNAL-FETAL RISK AFTER MINIMALLY INVASIVE GYNECOLOGICAL INTERVENTIONS

**Octavian Munteanu^{1,2}, Sorin Vasilescu^{2,3}, Diana Voicu^{2,3},
Alina Potorac^{2,3}, Monica Cirstoiu^{2,3}**

¹Department of Anatomy, “Carol Davila” University of Medicine and Pharmacy, Bucharest,
Romania

²Department of Obstetrics and Gynecology, University Emergency Hospital, Bucharest,
Romania

³Department of Obstetrics and Gynecology, “Carol Davila” University of Medicine and
Pharmacy, Bucharest, Romania

Background: *Acute surgical abdomen during pregnancy is an increasingly common pathology, given the constant increase in the number of pregnant women with scarred uterus after cesarean section or after conservative interventions performed classically, laparoscopically or hysteroscopically. This pathological entity has a vital risk for both the parturient and the fetus. Therefore an adequate, rapid and multidisciplinary team management is required in all cases in order to reduce maternal and fetal mortality and morbidity.*

Case series: *We present the management of several pregnant women with scarred uterus after cesarean section or after conservative interventions performed classically, laparoscopically or hysteroscopically, admitted in the Department of Obstetrics-Gynecology of the University Emergency Hospital in Bucharest, diagnosed with acute abdomen and who underwent emergency surgery.*

Conclusion: *Uterine scarring caused by classical surgical interventions (cesarean section, myomectomy) as well as minimally invasive procedures (performed laparoscopically or hysteroscopically), represents a potential risk factor for the occurrence of acute abdomen during pregnancy. Unfortunately, the diagnosis and treatment of these conditions are not standardized, therefore the management of the pregnant woman with this complication represents a real challenge for the obstetrician.*

Keywords: obstetrics, scarred uterus, minimally invasive procedures, management.



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THE ROLE OF SENTINEL LYMPH NODE MAPPING IN THE SURGICAL MANAGEMENT OF EARLY-STAGE ENDOMETRIAL CANCER

Flavius Olaru^{1,2}, Denisa Giubelan²

¹Department of Obstetrics and Gynecology, University of Medicine, Timișoara, România

²Department of Obstetrics and Gynecology, Municipal Emergency Clinical Hospital, Timișoara, România

Background: *Endometrial cancer is one of the most common gynecologic malignancies worldwide, primarily affecting postmenopausal women. While the overall 5-year survival rate in early-stage disease is high (87–96%), accurate assessment of lymph node involvement remains crucial for proper staging and prognosis.*

Objective: *To evaluate the effectiveness of sentinel lymph node (SLN) mapping as an alternative to systematic lymphadenectomy in the surgical management of early-stage endometrial cancer.*

Material and Methods: *This analysis focuses on SLN (sentinel lymph node) detection techniques using fluorescent dye (indocyanine green, ICG) and non-fluorescent blue dye (patent blue), both administered preoperatively via cervical injection. Also, the Technetium 99m is mentioned. Laparoscopic identification was performed using the Visionsense 3DHD and infrared fluorescence system. Anatomical locations of SLNs (external iliac, obturator, common iliac, para-aortic) were recorded. Injection protocols were adapted based on tumor stage (FIGO $\leq$ IB vs. $>$ IB) and patient body mass index.*

Results: *SLN mapping demonstrated high sensitivity and specificity for detecting metastases, while significantly reducing operative time, blood loss, and surgical morbidity compared to extensive lymphadenectomy. Despite higher costs, ICG fluorescence allows for superior visualization and bilateral SLN detection, particularly in early-stage endometrial cancer.*

Conclusion: *Sentinel lymph node biopsy is a safe and effective technique for nodal staging in endometrial cancer, offering a less invasive alternative to conventional lymphadenectomy. Optimising injection techniques and advancing laparoscopic visualisation technologies contribute to improved detection rates and further support adopting this method as a standard approach in selected patients.*

Keywords: *endometrial cancer, sentinel lymph node, indocyanine green, staging, laparoscopy*



THE IMPORTANCE OF ENDOMETRIAL DYSBIOSIS ON IMPLANTATION FAILURE IN IVF CYCLES

**Laurențiu-Mihai Dîră^{1,2}, Constantin-Cristian Văduva^{1,2}, Boldeanu Lidia³,
Ruican Ana⁴, Ivănuș Petru-Bogdan¹, Roxana-Melania Vanciu²**

¹Department of Obstetrics and Gynaecology, University of Medicine and Pharmacy of Craiova,
Filantropia Clinical Hospital, Craiova, Romania

²Department of Obstetrics, Gynecology and IVF, HitMed Medical Center, Craiova, Romania

³Department of Microbiology, University of Medicine and Pharmacy of Craiova, Craiova, Romania

⁴Department of Obstetrics and Gynecology, University of Medicine and Pharmacy of Craiova,
Emergency County Hospital of Craiova, Craiova, Romania

Background: *Implantation failure after transfer of high-quality embryos often reflects uterine factors. This review synthesizes evidence on chronic endometritis (CE) and endometrial dysbiosis as contributors to in vitro fertilization (IVF) failure and illustrates these with a relevant case of recurrent implantation failure.*

Material and Methods: *We performed a narrative review of studies addressing prevalence, diagnosis, and treatment of CE and dysbiosis in infertile patients. Diagnostic approaches included hysteroscopy with endometrial biopsy and endometrial microbiome assessment via Pipelle in the luteal phase. Therapeutic strategies encompassed targeted antibiotics, oral and vaginal probiotics, and immune modulation. Additionally, we present a 28-year-old patient with five failed day-5 embryo transfers who underwent hysteroscopy, microbiome, immunology, and receptivity testing, followed by tailored treatment.*

Results: *CE is common in infertility care, identified in ~15% of women seeking IVF and in 42% of those with implantation failure; rates up to 57% are reported among women with recurrent pregnancy loss. In a retrospective cohort, 43% of infertile patients had asymptomatic CE on biopsy. An altered endometrial microbiota (<90% Lactobacillus) is associated with ≈1.4-fold lower IVF nidation. Antibiotic therapy improves outcomes: implantation rates of 43.2% with antibiotics versus 27.3% without; live-birth rates of 61% in antibiotic responders versus 13% in non-responders; CE resolution rates of 73–75% have been reported with quinolone–metronidazole or doxycycline–metronidazole regimens. Case: the patient's microbiome showed low Lactobacillus (57%) without specific pathogens; immunology revealed decreased NK cells with elevated Th1; receptivity was normal. Treatment with ofloxacin–metronidazole plus oral and vaginal probiotics and luteal recombinant hCG (P+4, P+6, P+8) preceded a successful frozen embryo transfer resulting in live birth at 36 weeks.*

Conclusion: *CE and endometrial dysbiosis are frequent, often silent causes of implantation failure. Systematic evaluation - hysteroscopy with biopsy and luteal-phase microbiome profiling—followed by targeted antibiotics, combined probiotics, and individualized immune support can restore endometrial conditions and improve implantation and live-birth rates; biopsy should be considered before embryo transfer when CE is suspected.*

Keywords: *microbiome, dysbiosis, chronic endometritis, infertility*



ADNEXAL TORSION: EXAMPLES OF MANAGEMENT AND PRACTICAL DISCUSSIONS

Timircan Madalina^{1,2}, Burnescu Gabriela², Bernad Elena^{1,3,4}

¹Department of Obstetrics and Gynecology, Center for Laparoscopy, Laparoscopic Surgery and In Vitro Fertilization, “Victor Babes” University of Medicine and Pharmacy from Timișoara, Romania

²IInd Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

³Ist Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

⁴Center for Neuropsychology and Behavioral Medicine, “Victor Babes” University of Medicine and Pharmacy from Timișoara, Romania

Background: *Adnexal torsion is a time-sensitive emergency that threatens ovarian function across the lifespan. Visual discoloration often prompts oophorectomy, yet perfusion and endocrine capacity may recover after detorsion. This abstract outlines practical, ovary-sparing management through illustrative scenarios.*

Approach: *We synthesize representative cases managed via a standardized, detorsion-first laparoscopic protocol and discuss perioperative decision points relevant to adolescents, reproductive-age patients, pregnancy, and recurrence.* **Examples of Management:**

- **Adolescent with benign-appearing cyst:** *Diagnostic laparoscopy, gentle detorsion, warm irrigation, and observation for reperfusion.*
- **Reproductive-age with large endometrioma:** *Detorsion without color-based resection, endometriosis mapping and fertility counseling.*
- **Pregnancy:** *Laparoscopy with pregnancy-appropriate positioning and trocar placement. Detorsion and symptom relief are prioritized; cystectomy is selective.*
- **Suspected neoplasm:** *Atraumatic handling and avoidance of spillage. If features suggest malignancy, limit intervention to detorsion for pain control and plan definitive oncologic management after staging work-up.*
- **Recurrent torsion or elongated adnexal pedicle:** *Consider oophoropexy after detorsion using utero-ovarian ligament plication or fixation to supportive structures.*

Discussion: *Key principles include acting early, detorsing before judging viability, avoiding oophorectomy based solely on color, minimizing thermal spread, and staging definitive cyst surgery when edema resolves. Postoperative pathways emphasize ultrasound surveillance, symptom tracking, and shared decision-making about oophoropexy and fertility.*

Conclusion: *A detorsion-first, ovary-sparing strategy is practical and safe when paired with thoughtful staging, selective oophoropexy, and multidisciplinary care. Routine oophorectomy based on intraoperative discoloration should be avoided.*

Keywords: *Ovary/surgery; Torsion Abnormality; Laparoscopy/methods; Ultrasonography, Doppler; Ischemia-Reperfusion Injury; Pregnancy Complications; Adolescent; Fertility Preservation*



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THE EMOTIONAL IMPACT OF ASSISTED HUMAN REPRODUCTION. TRANSLATING RESEARCH INTO CLINICAL SUPPORT FOR PATIENTS AND THE MEDICAL TEAM

Burghel Adina¹, Lavinia Stelea^{1,2}, Bernad Brenda-Cristiana^{3,4}, Hogeia Lavinia⁴

¹1st Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

²Department of Obstetrics and Gynecology, Center for Laparoscopy, Laparoscopic Surgery and In Vitro Fertilization, “Victor Babes” University of Medicine and Pharmacy of Timișoara, Romania

³Doctoral School, “Victor Babes” University of Medicine and Pharmacy of Timișoara, Romania

⁴Department of Neuroscience, Center for Neuropsychology and Behavioral Medicine, “Victor Babes” University of Medicine and Pharmacy of Timișoara, Romania

Background: *Assisted Human Reproduction (AHR) is a major solution for infertility, yet it represents a significant source of psychological stress, anxiety, and depression for patients, also affecting couple dynamics. Simultaneously, the medical team faces the risk of burnout and compassion fatigue. A holistic clinical approach requires the evidence-based integration of psycho-social support.*

Material and Methods: *This descriptive study analyzes specialized literature and recent clinical guidelines concerning the emotional impact of AHR. The method utilized is a narrative synthesis of existing qualitative and quantitative data, aiming to identify the most common emotional challenges and propose concrete strategies for implementing real clinical support.*

Results: *The analysis underscores the necessity of standardized **psychological screening** at the start of AHR treatment for patients and highlights the requirement for **supervision** and empathetic communication training for medical staff. Integrated psychological interventions (individual counseling, couple therapy, support groups) proved essential for improving treatment adherence and patients' quality of life.*

Conclusion: *Emotional support is not an option, but a fundamental component of quality care in AHR. Translating research into real clinical support necessitates the implementation of clear psycho-social support protocols that safeguard the mental health of both the patients and the medical team.*

Keywords: *Assisted Human Reproduction, Emotional Impact, Infertility, Psycho-Social Support, Burnout*



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LAPAROSCOPIC SURGERY FOR ENDOMETRIOSIS-LONG TERM. FOLLOW-UP

**Marius Craina^{1,2}, Ioan Emilian Oala³, Elena Bernad^{1,2,4}, Melinda Ildiko
Mitranovici³**

¹Department of Obstetrics and Gynecology, Center for Laparoscopy, Laparoscopic Surgery and
In Vitro Fertilization, “Victor Babes” University of Medicine and Pharmacy of Timișoara,
Romania

²1st Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and
Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

³Department of Obstetrics and Gynecology, Emergency County Hospital Hunedoara, Romania

⁴Center for Neuropsychology and Behavioral Medicine, “Victor Babes” University of Medicine
and Pharmacy of Timișoara, Romania

Background: *Endometriosis is a significant cause of disability that affects 5–10% of reproductive-aged women. Laparoscopy with histological confirmation is the gold standard in establishing the diagnosis as therapeutic management surgery is addressed to a certain category of patients. The objective of this study was to assess patient adherence to follow-up after surgery for endometriosis as the primary endpoint, pain symptoms, quality of life, mental health, and fertility as the secondary endpoints.*

Material and Methods: *We have analyzed patients’ adherence to follow-up after surgery for endometriosis after 1, 3, 5, and 7 years. Out of the 875 total number of surgeries, 453 patients replied just to the first questionnaire (group A), 528 to the first and second (group B), and only 356 carried out the entire follow-up schedule.*

Results: General health was significantly lower for group A (46.6 vs. 56.4) but with no statistical difference in the post-surgical improvement in both groups. Pain level score improvement was lower for group A (10.5 vs. 18.8), which is statistically significant.

Conclusion: In this light, laparoscopy still remains the gold standard in diagnosis only. Furthermore, no malignancy was discovered. The mental component was improved by laparoscopy based on SF-36 in group B. Studies on patient preference for surgery versus alternative treatment are needed.

Keywords: endometriosis; laparoscopy; diagnosis; follow-up



LAPAROSCOPIC ADENOMYOMECTIONY ON A YOUNG NULLIPAROUS PATIENT: A CASE REPORT

Octavia V. Tinei¹, Anca M. Bîănă², Zoran L. Popa²

¹Doctoral School Medicine-Pharmacy, "Victor Babeș" University of Medicine and Pharmacy
from Timișoara, Romania

²Department XII Obstetrics and Gynecology, "Victor Babeș" University of Medicine and
Pharmacy, Timișoara, România

Background: *Adenomyosis is a benign gynecological condition where endometrial glands and stroma infiltrate the myometrium, leading to a hypertrophic and inflamed uterine wall. Classically diagnosed in multiparous women in their fourth or fifth decade of life. Its occurrence in young, nulliparous patients is rare and often presents a diagnostic challenge, as symptoms overlap with other gynecologic conditions.*

Material and Methods: *We report the case of a 21-year-old nulliparous woman who presented with severe dysmenorrhea, menorrhagia, and chronic pelvic pain refractory to conventional analgesics. Pelvic examination revealed an enlarged, tender uterus. Transvaginal ultrasonography demonstrated a markedly enlarged uterus with diffuse myometrial thickening and heterogeneous echotexture, highly suggestive of adenomyosis. Laboratory investigations excluded other causes of abnormal uterine bleeding. Considering the invasion level of the uterus, a conservative treatment was not taken as a first option. Given the patient's age and fertility desire, adenomyomectomy was performed with great care.*

Results: *Adenomyosis in young nulliparous women is uncommon and may mimic endometriosis or uterine fibroids. Advanced imaging techniques, especially MRI, play a crucial role in diagnosis. Fertility preservation represents a major concern in such cases, guiding the therapeutic approach toward medical rather than surgical options.*

Conclusion: *This case highlights the importance of considering adenomyosis in the differential diagnosis of severe dysmenorrhea and menorrhagia in young, nulliparous women. Early recognition and fertility-sparing management strategies are essential for optimizing quality of life and reproductive outcomes.*

Keywords: *adenomyosis, nulliparous, young woman, pelvic pain*



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MINIMALLY INVASIVE SURGERY IN PAINFUL UTERINE RETROVERSION WITH ISTHMOCELE

Bianca M. Huidu¹, Anca M. Bîănă², Zoran L. Popa²

¹Doctoral School Medicine-Pharmacy, "Victor Babeș" University of Medicine and Pharmacy
from Timișoara, Romania

²Department XII Obstetrics and Gynecology, "Victor Babeș" University of Medicine and
Pharmacy, Timișoara, România

Background: *Uterine retroversion is usually considered a benign anatomical variant, but in some cases, it can be associated with chronic pelvic pain and dysmenorrhea. Isthmocele, a niche defect at the site of a previous cesarean section scar, is increasingly recognized as a source of abnormal uterine bleeding, pelvic pain, and secondary infertility. The coexistence of both conditions may exacerbate symptoms and present diagnostic and therapeutic challenges.*

Material and Methods: *We report the case of a 25-year-old patient with a history of two cesarean section, presenting with chronic pelvic pain, severe dysmenorrhea and postmenstrual spotting. Clinical examination revealed a painful retroverted uterus. Transvaginal ultrasound confirmed the presence of an isthmocele. The patient underwent minimally invasive surgical management, consisting of laparoscopic correction of isthmocele and fixation of the uterus to the pubic bone using a polypropylene mesh and titanium screws to reposition the uterus.*

Results: *Postoperative, the patient had a favorable evolution and significant improvement of symptoms. Minimally invasive surgery, through laparoscopic approaches, allows for simultaneous diagnosis and correction of both conditions with reduced morbidity, faster recovery, and improvement in quality of life.*

Conclusion: *Minimally invasive surgery represents an effective and safe therapeutic option in cases of painful uterine retroversion associated with isthmocele. This case highlights the importance of comprehensive evaluation in women with chronic pelvic pain and prior cesarean section, as well as the value of personalized minimally invasive surgical management.*

Keywords: *isthmocele, uterin retroversion, pelvic pain, laparoscopic*



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EXPLORING THE SHARED PATHOGENESIS MECHANISMS OF ENDOMETRIOSIS AND CANCER: STEMNESS AND TARGETED TREATMENTS

**Melinda-Ildiko Mitranovici^{1,2}, Ioan Emilian Oala², Marius Craina^{3,4},
Elena Bernad^{3,4,5}**

¹Department of Obstetrics, “George Emil Palade” University of Medicine, Pharmacy, Sciences and Technology, Targu Mures, Romania

²Department of Obstetrics and Gynecology, Emergency County Hospital Hunedoara, Romania

³Department of Obstetrics and Gynecology, Center for Laparoscopy, Laparoscopic Surgery and In Vitro Fertilization, “Victor Babes” University of Medicine and Pharmacy of Timișoara, Romania

⁴1st Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

⁵Center for Neuropsychology and Behavioral Medicine, “Victor Babes” University of Medicine and Pharmacy of Timișoara, Romania

Background: *Endometriosis is a benign disease but with malignant behavior, sharing numerous features with cancers. Endometriosis is the development of endometrial tissue outside the uterus, with the presence of both glands and stroma. Approximately 10% of women of reproductive age suffer from endometriosis; it involves high social costs and affects the patient’s quality of life. In this review, we attempt to capture the pathogenesis mechanisms that are common to endometriosis and cancer based on molecular biology, focusing more on the principle of immunological changes and stemness*

Material and Methods: *Unlike endometriosis, cancer is a disease with fatal evolution, with conventional treatment based on chemo/radiotherapy. Here, we focus on the niche of personalized treatments that target molecular pathways. Due to the heterogeneity of the studies, a narrative review was conducted using Google Scholar, PubMed, and Cochrane databases to select relevant articles. We included manuscripts based on researchers' efforts in identifying current knowledge about shared pathogenesis in endometrial cancer and endometriosis, also on the current knowledge regarding the stem cells populations and their biological significance.*

Results: *Our findings show that, in both pathologies, the resistance to treatments is due to the stemness of the stem cells, which might play a role in the appearance and evolution of both diseases.*

Conclusion: *Clinical applicability will consist of targeted treatments that represent future directions in these diseases, with stem cells playing a key role. Thus far, we have no satisfactory answer for these issues that would be acceptable to the scientific community.*

Keywords: *endometriosis; cancer; stem cells; stemness*



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ENDOMETRIOSIS: LAPAROSCOPIC VS ROBOTIC TREATMENT - META-ANALYSES

Valentina-Adriana Marcu¹, Craina Marius^{1,2,3}, Elena-Silvia Bernad^{1,2,3,4}

¹Center for Laparoscopy, Laparoscopic Surgery and In Vitro Fertilization, “Victor Babes”
University of Medicine and Pharmacy, Timișoara, Romania

²Department of Obstetrics and Gynecology, “Victor Babes” University of Medicine and
Pharmacy of Timișoara, Romania

³1st Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and
Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

⁴Center for Neuropsychology and Behavioral Medicine, “Victor Babes” University of Medicine
and Pharmacy of Timișoara, Romania

Background: *Endometriosis is a benign chronic condition that affects around 10 to 15% of women that are in their reproductive period. This pathology is not only the main cause of female infertility, but also a high emotional and physical stressor for the women, becoming more relevant as a public health threat. This abstract aims to present the key elements between the conventional laparoscopy(CL), compared to robotic-assisted laparoscopy(RAL) as valid methods in the treatment of endometriosis.*

Material and Methods: *The studies that were relevant for this abstract were found thorough searching the English-language PUBMED database. Terms like endometriosis, conventional laparoscopy and robotic-assisted laparoscopy were used for keeping the homogeneity of all included papers. A total of 7 reviews up to March 2025 have been chosen.*

Results: *Out of the 7 reviews, 5 are retrospective and 2 are prospective, covering a total of 960 patients, 541 undergoing CL and 419 RAL. Operative time is longer and blood loss is increased for RAL patients compared to CL patients, but it comes with better outcomes for complications rates and general recovery. RAL has higher accuracy, crucial for complete lesion removal, especially for lesions located in the deep pelvis. Surgeon fatigue is reduced in ARL because the surgeon is seated at the console. As a downside of ARL, the absence of tactile sense limits the ability to differentiate the types of tissues involved in endometriosis.*

Conclusion: *Robotic-assisted laparoscopy(RAL) is as good as the conventional laparoscopy(CL), even having some benefits such as advanced precision and faster learning curve, but despite all these benefits, the cost is still too high compared to CL, being unavailable for smaller hospitals due to lack of equipment. RAL is still preferred for complex cases, decreasing the surgeon's fatigue. More development in reducing the cost of the procedure is needed for it to become available to a broader population.*

Keywords: *Endometriosis, Conventional laparoscopy, Robotic-assisted laparoscopy*



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FIBROID COMPLICATION DURING PREGNANCY- CASE STUDY OF FIRST TRIMESTER MYOMECTOMY

Blanka Mátyus, Tibor Novák, Attila Keresztúri

Department of Obstetrics and Gynecology, University of Szeged, Albert Szent-Györgyi Health
Centre, Szeged, Hungary

Background: *Uterine fibroids are the most common benign tumours of the pelvis in females. The prevalence of leiomyomas increases with age during the reproductive years. Uterine fibroids are usually asymptomatic during pregnancy. However, in the early stages of pregnancy, when most growth occurs, symptomatic cases can arise, presenting with symptoms such as pelvic pain and pressure, or vaginal bleeding. In late pregnancy, the primary concerns are preterm labour, placental abruption, foetal compression syndromes, and foetal growth restriction. Pain caused by fibroids during pregnancy is usually the result of degeneration or torsion of a pedunculated fibroid, or fibroid impaction.*

Material and Methods: *We present a case study of a 34-year-old primigravida who presented with severe left-sided lower abdominal pain at 10 weeks of gestation. Physical examination, ultrasound and MRI scans revealed two subserosal fibroids measuring approximately 10 cm in diameter with signs of necrobiosis. An antepartum abdominal myomectomy was performed. Rebleeding of the myoma be occurred in the postoperative phase.*

Results: *The uterine fibroids were successfully removed in the first trimester and the postoperative complication was controlled. The pregnancy progressed to 38 weeks, at which point a planned caesarean section was performed and a healthy neonate was delivered.*

Conclusion: *In the treatment of severely painful fibroids during pregnancy, an individualised management approach is needed, with increased consideration given to the indications for surgical management and scenarios of postoperative bleeding.*

Keywords: *uterine fibroid, myomectomy, pregnancy complications*



INFECTIONS CAUSED BY GROUP B STREPTOCOCCUS AND HERPES SIMPLEX VIRUS: THE IMPORTANCE OF PREVENTION AND APPROPRIATE MANAGEMENT DURING PREGNANCY AND DELIVERY

David Čukanović¹, Aleksandra Vejnović^{1,2}, Tihomir Vejnović^{1,2}

¹Department of Gynecology and Obstetrics, Faculty of Medicine, University of Medicine, Novi Sad, Serbia

²Clinic of Gynecology and Obstetrics, University Clinical Center of Vojvodina, Novi Sad, Serbia

Background: *One of the most significant pathogens responsible for infections during pregnancy is Group B Streptococcus (GBS). It is associated with chorioamnionitis, intra-amniotic infection, maternal sepsis, as well as neonatal morbidity. Similarly, Herpes simplex virus (HSV) constitutes an important viral agent with potential to cause serious adverse outcomes in newborns.*

Material and Methods: *The research was conducted as a unicentric study at the Clinic of Gynecology and Obstetrics, University Clinical Center of Vojvodina. The study included postpartum women who delivered at term, either vaginally or by cesarean section. Data was collected from two sources: a designed questionnaire, and medical records. Statistical analysis was conducted using Microsoft Excel 365.*

Results: *In a sample of 204 postpartum women 30.88% answered >50% of the statements correctly, while 10.29% responded correctly to >70% of the questions. Positive vaginal swab for GBS had 5.6% patients, while 6.3% had a GBS positive urine-culture. Intrapartum antibiotic prophylaxis was not administered in 73.33% of patients who tested positive for GBS. **Five women (2.45%) reported symptoms of HSV infection; however, no lesion swabs were collected.** A history of genital herpes was reported by 2.94% of women, with only one patient receiving acyclovir as prevention of symptomatic reactivation during childbirth.*

Conclusion: *It is essential to improve pregnant women's awareness of GBS and HSV infections and to develop a unified national protocol, as current diagnostic and preventive measures remain inconsistent with international guidelines.*

Keywords: *genital infections, pregnancy; Group B Streptococcus; Herpes simplex virus; preventive measures*



TREATMENT OF CERVICAL INCOMPETENCE AS A LATE COMPLICATION OF CONIZATION USING LAPAROSCOPIC CERCLAGE: A CASE REPORT

Nikolett Edina Németh, Norbert Pásztor

Department of Obstetrics and Gynecology, University of Szeged, Szeged, Hungary

Background: *Cervical incompetence is often caused by iatrogenic damage, such as previous conization, which presents a particular challenge in choosing the appropriate type of cerclage. Current guidelines recommend the use of transabdominal cerclage (including the laparoscopic approach) for patients with a history of failed transvaginal cerclage or in cases where anatomical conditions, such as those following conization, prevent the vaginal method. In this case report, we present the laparoscopic cerclage procedure performed on a 40-year-old woman with a history of multiple failed pregnancies. We have also reviewed the relevant literature on the indications and outcomes of laparoscopic cerclage.*

Material and Methods: *A 40-year-old woman (G4, P1) was evaluated for secondary infertility after two second-trimester miscarriages and two failed intrauterine inseminations. Her history included a prior vaginal delivery followed by conization, and she was heterozygous for both MTHFR A1298C and C677T variants. Due to the significantly shortened cervix resulting from conization, transvaginal cerclage during pregnancy was deemed technically unfeasible. Therefore, a prophylactic laparoscopic cerclage was performed in the spring of 2025.*

Results: *The surgery was completed without complications, and the postoperative recovery was uneventful. Considering the patient's age and history of unsuccessful insemination attempts, IVF was initiated. Due to elevated progesterone levels in the late follicular phase, a "freeze-all" strategy was adopted, and one suitable embryo was cryopreserved. The next step will be frozen embryo transfer.*

Conclusion: *Our case highlights that in case of patients with cervical insufficiency due to prior conization, pre-pregnancy laparoscopic cerclage can be a justified approach. Laparoscopic abdominal cerclage is an effective and well-tolerated surgical intervention in appropriately selected cases and may be crucial for future pregnancy outcomes.*

Keywords: *Cervical cerclage, Cervical insufficiency, Laparoscopy, Pre-conceptional*



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C-SECTION-“HOW MANY IS TOO MANY”?

Mădălina Ciuhodaru¹, Petra Acostachioaie², Mălina Borcea², Alina Călin³

¹University of Medicine and Pharmacy “Grigore T. Popa” Iași

²Hospital “Elena Doamna”

³University “Dunărea de Jos” Galați

Objectives: *C-sections are a surgical procedure meant to deliver safely the baby and assure a healthy outcome for the mother. Classified to planned or emergency ones, they involve specific medical reasons, with their rate varying from 18% to 82% in different countries. This surgical procedure became a high-risk one due to the frequency of performed incisions and anesthetics, 2-3 often recommended to minimize the risk.*

Material and Methods: *Studying the reports of the C-section performed between 2020 and 2025, complicated by uterine ruptures, placental problems, scar tissues and adhesions, infections, a slow recovery, a hysterectomy, dividing into groups, two maximum 3-C-section and more than 3-C-section.*

Results: *Taking into account that specific factor as individual health of the mother, type of incision and desired family size, we found out that 72% of the group with more than 3-C-section were complicated as ruptures, 58% as infections, 81.2% as scar tissues and adhesions, and 12% hysterectomies with an increased new pathology as placenta accreta spectrum, 45% as the number is growing.*

Conclusion: *There is no strict number of C-section, but generally 2-3 are often the right number to minimize risk. The safest approach for each subsequent pregnancy needs to be considered by evaluating the mother's fetal particularities and discussed with the surgical team.*

Keywords: *C-section, placenta accreta spectrum, uterine rupture*



PROGNOSIS AND MANAGEMENT ASSOCIATED WITH PLACENTA ACCRETA SPECTRUM

**Diana Voicu^{1,2}, Octavian Munteanu^{1,2}, Alina Potorac^{1,2}, Stoica Evelina²,
Sorin Vasilescu^{1,2}, Monica Cirstoiu^{1,2}**

¹University of Medicine and Pharmacy 'Carol Davila' Bucharest, Romania

²Emergency University Hospital Bucharest, Romania

Background: *Placenta praevia is a potentially severe obstetric complication in which the placenta implants within the lower segment of the uterus, potentially obstructing the cervical os and impeding vaginal delivery. Risk factors include conditions that increase uterine scarring—such as high parity, prior caesarean deliveries, prior abortions—and multiple gestations. Transvaginal ultrasound is the most accurate imaging modality for localizing the placenta, while MRI may be used when placenta accreta is suspected.*

Objectives: *This study aimed to evaluate the incidence of placenta praevia in a tertiary center in Bucharest over a 10-year period, as part of a larger investigation into the causes and prevalence of maternal hemorrhage.*

Methods: *We conducted a retrospective review of patient records at the Bucharest Emergency Hospital between January 1, 2015, and December 31, 2024. Patients included in the study were those diagnosed with placenta praevia and presenting with metrorrhagia.*

Results: *During the study period, 1,470 patients with placenta praevia and metrorrhagia were admitted. Of these, 485 cases required emergency cesarean section. The average age of patients diagnosed with placenta praevia was 32.5 years.*

Conclusion: *Although placenta praevia has a relatively low prevalence, it remains a serious obstetric complication associated with significant maternal and fetal risk, including high case-fatality when not promptly managed.*

Keywords: *praevia, pregnancy, emergency*



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MINIMALLY INVASIVE MANAGEMENT OF CESAREAN SCAR PREGNANCY – CHALLENGES AND OPPORTUNITIES IN REPRODUCTIVE HEALTH

**Anca Huniadi^{1,2}, Ioana Zaha^{1,2}, Marius Goman^{2,3}, Timea Ghitea⁴,
Radu Galiș^{6,7}, Liana Ștefan^{1,2,3}, Viorela -Romina Murvai^{2,3,5}**

¹Department of Surgical Sciences, Obstetrics and Gynecology, Faculty of Medicine and
Pharmacy, University of Oradea, Romania

²Calla-Infertility Diagnostic and Treatment Center, Oradea, Romania

³Department of Obstetrics and Gynecology, Emergency County Hospital Bihor, Oradea, Romania

⁴Pharmacy Department, Faculty of Medicine and Pharmacy, University of Oradea, Oradea, Romania

⁵Doctoral School of Biological and Biomedical Sciences, University of Oradea, Oradea, Romania

⁶Department of Neonatology, Faculty of Medicine and Pharmacy, University of Oradea, Oradea,
Romania

⁷Department of Neonatology, Emergency County Hospital Bihor, Oradea, Romania

Background: *Cesarean scar pregnancy (CSP) is a rare but potentially life-threatening form of ectopic pregnancy implanted within the myometrial defect of a previous cesarean section. Early diagnosis and minimally invasive treatment are critical to prevent severe complications such as uterine rupture or hemorrhage, while aiming to preserve reproductive potential.*

Material and Methods: *We explored the spectrum of minimally invasive techniques employed in the treatment of CSP, including ultrasound-guided methotrexate injection, suction evacuation, hysteroscopic resection, and laparoscopic excision. Institutional experience and current literature highlight key considerations in treatment selection, procedural planning, and post-treatment surveillance.*

Results: *Minimally invasive management has demonstrated promising outcomes in hemodynamically stable patients. Success rates range from 70–95% depending on gestational age, vascularity, and β -hCG levels at diagnosis. Combining systemic or local methotrexate with surgical approaches often enhances safety and effectiveness. Scar integrity in future pregnancies remains a concern, underlining the importance of long-term follow-up.*

Conclusion: *CSP requires a tailored approach, balancing maternal safety with fertility preservation. Minimally invasive techniques, when applied early and judiciously, offer a safe and effective alternative to radical surgery, particularly in centers with expertise in advanced gynecologic imaging and endoscopy.*

Keywords: *cesarean scar pregnancy, ectopic pregnancy, minimally invasive surgery, methotrexate, hysteroscopy*



PPG SIGNAL ESTIMATION USING NEURAL NETWORKS

**Alexandru Lodin¹, Melinda Ildiko Mitranovici^{2,3}, Mihai Munteanu¹,
Robert Groza¹**

¹Technical University of Cluj-Napoca, Cluj-Napoca, Romania

²Department of Obstetrics, “George Emil Palade” University of Medicine, Pharmacy, Sciences
and Technology, 540142 Targu Mures, Romania

³Department of Obstetrics and Gynecology, Emergency County Hospital Hunedoara, 14
Victoriei Street, 331057 Hunedoara, Romania

Remote photoplethysmography (rPPG) is a promising method for non-contact measurement of vital signs, such as heart rate (HR) and respiratory rate (RR). This method consists of analysing subtle changes in skin colour captured in video sequences. The technique is based on the principles of light absorption by haemoglobin, allowing non-contact monitoring using standard RGB cameras. rPPG is particularly suitable for applications in telemedicine, neonatal care, and critical care, where traditional sensors may be intrusive or impractical. The growing need for remote health monitoring has led to increased interest in rPPG-based systems as a viable solution for patient assessment, especially outside of clinical settings.

Recent advances in artificial intelligence have significantly improved the accuracy and reliability of rPPG signal extraction. Techniques such as convolutional neural networks (CNN) and recurrent neural networks (RNN) have been applied to analyse facial videos and estimate HR and RR with high accuracy. Public datasets such as MAHNOB-HCI, PURE, and UBFC have facilitated the comparison and validation of these models under various conditions. Although controlled studies report mean absolute errors of only 0.5 to 3 beats per minute for heart rate estimation, real-world applications continue to face challenges caused by motion artefacts, lighting variations, and differences in skin pigmentation – factors that can affect signal quality and model performance.

This paper focuses on a model based on the transformer architecture for analysing complex patterns in facial video data, enabling more accurate estimation of heart rate (HR) and respiratory rate (RR). By leveraging self-attention mechanisms, this model can efficiently identify relevant features in the data and ignore irrelevant background noise and information. This capability makes the model particularly effective in addressing variations related to motion, illumination, and skin tone - common challenges in real-world applications. As transformer-based models continue to evolve, they offer considerable potential for improving the reliability of rPPG in clinical settings, paving the way for continuous and non-intrusive health monitoring solutions. Further exploration and validation of these models on diverse patient populations will be essential for their successful integration into healthcare workflows.

Keywords: PPG signal, neural networks, haemoglobin, non-contact monitoring, telemedicine, neonatal care



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ADOLESCENT PREGNANCY: A PERSISTENT PUBLIC HEALTH ISSUE

**Demetra Gabriela Socolov, Matasariu Roxana, Iuliana Zăgan,
Anton Gabriel Ioan, Ivanov Doina**

University of Medicine and Pharmacy "Grigore T. Popa" Iași, Romania

Clinical Hospital of Obstetrics-gynecology "Cuza Vodă" Iași, Romania

Introduction: *Adolescent pregnancy remains a major public health concern, particularly in developing countries, where biological immaturity and unfavorable socio-demographic condition sheighten maternal and neonatal risks. In Romania, pregnancies among girls aged 10–19 represent a significant proportion of obstetric cases, often unplanned and associated with increased rates of obstetric trauma, mental health disorders, and socioeconomic vulnerability.*

Material and Methods: *A retrospective study was conducted at “Cuza Vodă” Clinical Hospital of Obstetrics and Gynecology, Iași, between January 2015 and December 2024. Inclusion criteria were pregnancies beyond 24 gestational weeks and fetuses weighing over 500 g. Cases of abortion or ectopic pregnancy were excluded. Data were analyzed regarding maternal age, obstetric outcomes, and perinatal indicators. Ethical approval was obtained from the institutional review board.*

Results: *An increasing trend in adolescent pregnancies was observed during the study period. Most cases occurred in the 17–19 age group, predominantly among patients from rural or socioeconomically disadvantaged areas. Adolescents showed a higher incidence of high-grade perineal tears (85%) and genital tract trauma compared to adult mothers. Adverse neonatal outcomes were also more frequent, including low birth weight and preterm delivery. Conversely, the rate of cesarean sections for cephalopelvic disproportion was not higher than in the adult population.*

Conclusions: *Adolescent pregnancy remains a complex medical and social issue in Romania, with significant implications for maternal and neonatal health. Preventive strategies should emphasize sexual education, access to contraception, and multidisciplinary care to mitigate complications and improve outcomes in this vulnerable group.*

Keywords: *adolescent pregnancy, public health, perineal tears, cesarean sections*



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DEMOGRAPHIC CHALLENGES IN HUNGARY: WHAT ROLE DOES ART PLAY?

Peter Kovacs

Dunamenti REK, Istenhegyi IVF Center, Budapest, Hungary

Background: *For decades the developed world has been facing demographic challenges due to the low birth rates. If these trends persist it is expected to put strain on the economy and societies. A total fertility rate of 2.1 is required to maintain population size. In Hungary it was in 1978 when the TFR reached the 2.1 value last since then it has been below with a value of 1.38 in 2024. The burden of the low TFR has been recognized by many governments and numerous measures have been introduced to boost fertility rates. Access to insurance-covered assisted reproductive technology (ART) is one such measure. Hungary spends about 5% of its GDP to support family building. 6 years ago, the government took over the private fertility centers and introduced various regulatory measures with the aim to increase access and improve efficacy of ART services.*

Material and Methods: *This is a narrative report reviews Hungarian ART services, the financial regulations and the impact of recent regulatory changes introduced in 2019-2020.*

Results: *During the presentation the status of ART services before the 2019 takeover of practices and their status after the takeover will be compared. The expected and realized outcomes will be reviewed.*

Conclusion: *The infertile population has been changing and therefore the treatments we can provide should adapt to the needs of the patients. The regulatory framework must follow these changes faster as we leave some patients without proper care. Fertility treatments can significantly contribute to the number of children born and already in some countries up to 10% of the children born are conceived by ART. This alone is however not enough to markedly improve the TFR. ART in addition to other financial incentives and fertility awareness programs could slow down and hopefully reverse the declining fertility trends.*

Keywords: *Assisted reproductive technology; total fertility rate; insurance coverage*



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ARE ADENOMYOSIS AND ENDOMETRIOSIS MANIFESTATIONS OF THE SAME DISORDER?

Giuseppe Benagiano¹, Marwan Habiba², Sun-Wei Guo³

¹Faculty of Medicine and Surgery, “Sapienza” University of Rome, 00185 Rome, Italy

²Department of Health Sciences, University of Leicester, Women and Perinatal Services,
Leicester Royal Infirmary, Leicester LE1 5WW, Leicester, UK

³Research Institute, Shanghai Obstetrics & Gynecology Hospital, Fudan University, Shanghai
200011, China

Background: *Over time we have explored in several literature reviews, the likelihood that the theory involving endometrial molecular aberrations as the sole, or a necessary determinant of endometriosis and adenomyosis has not been proven and that the Tissue Injury and Repair (TIAR) theory are yet to be convincingly proven.*

Material and Methods: *We conducted a full literature search of the evidence leading to the conclusion that adenomyosis and endometriosis should be considered as different phenotypes of the same disease, because both conditions entail the presence of endometrial tissue at locations other than the lining of the uterus.*

Results: *A critical examination of published data, show that there are wide differences in reported disease incidence and prevalence and, consequently, in estimates of the coexistence of both conditions. There are some similarities but also differences in their clinical features and predisposing factors. Each condition has a range of subtypes. These differences alone pose the question of whether subtypes of endometriosis and adenomyosis have different etiopathologies, and, in turn, this raises the question of whether they all share a common aetiology.*

Specifically, it is debatable whether the recognized differences between eutopic endometrium in adenomyosis and endometriosis compared to those in unaffected women are the cause or the effect of the disease. The finding of common mutations, particularly of KRAS, lend support to the notion of shared predisposing factors, but this alone is insufficient evidence of causation.

Conclusion: *Significant challenges remain before the hypothesis can be accepted that adenomyosis and endometriosis are a single disease with unified pathophysiology and, indeed, adenomyosis is not simply endometriosis of the uterus.*

Keywords: *Adenomyosis, endometriosis, endometrial aberration, KRAS mutation, TIAR theory*



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TWO-STAGE TOTAL ABDOMINAL HYSTERECTOMY FOR GIANT UTERINE FIBROIDS

Petru Chitulea¹, Rares Gherai², Cristian Cheta³, Tania Chitulea¹

¹Faculty of Medicine, University of Oradea

²Oradea County Emergency Clinical Hospital – Maternity

³Arad County Emergency Clinical Hospital – Maternity

Background: *Uterine fibroids are the most common benign tumor developing in the uterus, affecting up to 40% of women of childbearing age, according to some statistics. While in the case of small, symptomatic uterine fibroids, there are modern therapeutic options, either medical or minimally invasive surgery, in the case of giant fibroids, 20 cm or more, abdominal hysterectomy is probably the most effective approach. Even in these cases, abdominal hysterectomy is a technical challenge both due to the volume of the uterus and the type of gynecological surgical incision.*

Conclusion: *Two-stage total abdominal hysterectomy for giant uterine fibroids, through a suprapubic transverse abdominal incision, is an appropriate approach for an experienced gynecological team, with excellent results in both the short and long term.*

Keywords: *giant uterine fibroids, hysterectomy, surgical incision.*



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THE SIGNIFICANCE OF ENDOCRINE DISRUPTORS AND ENVIRONMENTAL POLLUTANTS IN GYNECOLOGICAL DISEASES

Levente Sára, Szabolcs Várbió, Zsuzsanna Szőke

Department of Obstetrics and Gynecology, Semmelweis University, 1088 Budapest, Hungary
Institute of Genetics and Biotechnology, Hungarian University of Agriculture and Life Sciences,
2100 Gödöllő, Hungary

Department of Obstetrics and Gynecology, University of Szeged, 6725 Szeged, Hungary

Due to climate change and industrialization, endocrine disruptors (EDCs) and environmental pollutants are more frequently found in food and cosmetics. These compounds, which have diverse molecular structures, can also harm the reproductive system. By disrupting enzyme activity, increasing oxidative stress, altering gene expression, or triggering apoptosis, they can impact ovarian function, characteristics of endometrial tissue, and even pregnancy outcomes. Additionally, EDCs can exert direct hormonal effects. By changing the normal bacterial flora, they induce local inflammation in the uterus. Because of their persistence, these effects can occur even at low concentrations, potentially leading to infertility or malignant tumors. In this presentation, we will summarize recent findings that are important for gynecological pathologies.

Keywords: *endocrine disruptors, environmental pollutants, gynecological diseases*



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ENDOMETRIOSIS - EDUCATIONAL PROGRAM/PREVENTION. A CALL TO ACTION

Mădălina Ciuhodaru¹, Petra Acostachioaie², Mălina Borcea², Alina Călin³

¹University of Medicine and Pharmacy “Grigore T. Popa” Iași

²Hospital “Elena Doamna”

³University “Dunărea de Jos” Galați

Objective: *Since endometriosis is becoming more and more a health problem issue, prevention and early detection through patients' education should be a necessary approach.*

Material and Methods: *Using a questionnaire with key words to establish the level of knowledge about period, period's pain, endometriosis in teenage girl aged 10-18, dividing the groups in 10-15 years old and 16-18 years old, analyzing the levels of education, provenience, date of menarche, computer skills, access to social media, choices of health education, etc.*

Results: *Both age groups were extremely poorly informed about endometriosis, even the date of menarche was most similarly 11 years and 2 months old with no correlation with provenience and education level, the information about periodic menstrual pain was more relevant in the one's living in urban area, 51% declaiming that they have asked at least once the GP/pediatricians and almost no one asked the gynecologist about it. The huge information was from social media as TikTok and Instagram but very few access it properly.*

Conclusion: *Even the most common symptoms in endometriosis- menstrual pain -was not approached in both ages' groups by the GP and the pediatrician, the ones from the age 16-18 years old were visiting the gynecologist, but only 21,2% received the information about endometriosis. Those who found out about endometriosis- trying searching on the internet (TikTok, Instagram) only 5% had discussion at school – education for health hours and less than 3,1% were asking the peds about it. Similarly, that lack of information is also apparently problem and also medical one. We should educate both family and medical provider taking into account the awareness and helping to a quick diagnose of the disease, for this we should inform most of pediatricians in order to send the teenage girl to the specialist.*

Keywords: *endometriosis, prevention, educational program*



NEW ADVANCES IN EARLY DIAGNOSIS OF CERVICAL DYSPLASIA

Alina Mihaela Călin ¹, Cătălin Herghelegiu ², Mădălina Irina Ciuhodaru ³

¹University „Dunărea de Jos” Galați

² University „Carol Davila” București

³ University „Gr. T. Popa” Iași

Introduction: *Cervical dysplasia is a spectrum of epithelial abnormalities, often induced by persistent infection with high-risk human papillomavirus(hrHPV) types. If left untreated, moderate to severe dysplasia(CIN2/3) can progress to invasive cervical cancer. The global burden of cervical cancer remain disproportionately high in low- and middle -income countries, partly due to inadequate screening programs. Innovations in screening technology are expanding the ability to detect cervical dysplasia earlier and more accurately, increasing the potential for personalized and equitable care.*

Materials and Method: *Pap smears, introduced in the 1940s, has significantly reduced cervical cancer mortality in high-income countries. However, its limitations include moderate sensitivity, subjectivity and interobserver variability, limited infrastructure and trained personnel in middle-income countries. High-risk HPV testing by HPV-DNA and by HPV mRNA, also E6/E7 oncoprotein testing detect active viral oncogene expression, offering improved specificity over DNA tests. Advancements in molecular biology have identified promising biomarkers for cervical dysplasia screening and triage.*

Results: *Self-collected vaginal samples for HPV and biomarkers testing increase access and acceptability women, also there are implemented in screening programs in Australia and the Netherlands. Artificial intelligence is used in cytological analysis, and in colposcopy assisted AI as automated visual evaluation, can standardize interpretation and improve diagnostic accuracy.*

Conclusions: *Recent innovations in cervical dysplasia screening are transforming early detection strategies. High-risk HPV testing, molecular biomarkers, self sampling, and AI-assisted technologies are enabling more accurate , accessible , and personalized approaches. These advances not only enhance early diagnosis but also reduce global disparities in cervical cancer outcomes.*

Key words: *Pap smear, HPV genotyping , cervical cancer*



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MINIMALLY INVASIVE APPROACH FOR LYMPH NODES IN GYNECOLOGIC CANCERS

**Peter Koliba jr, Pavel Kabele, Marketa Polkova, Olga Zikan Dubova,
Michal Zikan**

Department of Gynecology and Obstetrics, Bulovka University Hospital and 1st Faculty of
Medicine, Charles University, Prague, Czech Republic

Background: *Sentinel lymph node biopsy (SLNB) and laparoscopic lymphadenectomy has become a standard component of surgical staging and treatment in gynecologic oncology. Its role in managing lymph nodes in endometrial, cervical, and selected ovarian cancers continues to evolve, supported by growing evidence and technological advancements.*

Material and Methods: *This presentation is based on a comprehensive review of peer-reviewed literature, institutional surgical data, and current clinical guidelines. We analyzed outcomes from recent prospective and retrospective studies comparing laparoscopic, robotic, and open approaches to SLNB, pelvic and para-aortic lymphadenectomy. Surgical technique, operative time, lymph node yield, perioperative complications, and long-term oncologic outcomes were assessed.*

Results: *Laparoscopic lymphadenectomy demonstrates comparable oncologic outcomes to open surgery, with significantly lower intraoperative blood loss, shorter hospital stays, and faster postoperative recovery. The average lymph node yield in pelvic and para-aortic regions is similar or superior in experienced hands. Sentinel lymph node mapping and biopsy, particularly in endometrial and cervical cancer, has shown high detection rates and a favorable safety profile when combined with laparoscopy.*

Conclusion: *The laparoscopic approach to lymph node assessment in gynecologic cancers is a safe and effective alternative to traditional open surgery. It provides adequate staging and therapeutic outcomes while minimizing surgical morbidity. Careful patient selection and surgeon expertise remain key factors in optimizing outcomes.*

Keywords: *Laparoscopy, Lymphadenectomy, Gynecologic cancer, Minimally invasive surgery, Sentinel lymph node biopsy*



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INDOCYANINE GREEN MARKING OF AXILLARY SENTINEL LYMPH NODES

Alexandra Nienhaus, Ann Kathrine Wanning

Department of Obstetrics, Marienhospital Ahaus, Germany

Material and Methods: *A retrospective, single-center cohort study carried out at the Gynecological Hospital, Ahaus, Germany from 2024 to 2025 carried out sentinel lymph node marking using a double tracer with ICG (Indocyanine Green) and Tc (Tecnium) marking in patients with breast malignancies. The Tecnium marking was done 1 day before surgery and the ICG Injection was administered immediately after anesthesia. To detect the Sentinel node, we used a Gamma Sonde for the Tecnium marked Sentinel and for the ICG marked Sentinel the Stryker SPY-PHI camera. The aim was to determine the detection rate (DR), the complication rate and the feasibility of the method.*

Results: *During the study we carried out 54 Sentinel double marked operations. A median of 1-2 Sentinel were resected. The detection rate (DR) for Sentinel was 98,92 % in the Tc Arm and 96,22 % In the ICG Arm . The correlation in both Arms was good.*

Conclusion: *The detection rate of axillary sentinel lymph nodes with ICG is high and correlates to the Tecnium method as the golden standard. The method has few side effects, reduces the treatment time by same-day application, no radiation needed, and the contraindications are only few. This is a good alternative to Tecnium.*

Keywords: *sentinel lymph node , ICG (Indocynain Green) , breast cancer*



THE INFLUENCE OF THE FIRST CHILDBIRTH ON THE OCCURRENCE OF STRESS URINARY INCONTINENCE AND SEXUAL DYSFUNCTION

**Lazar Ljubotin¹, Jelena Amidžić¹, Aleksandra Vejnović^{1,2},
Dragana Živković^{1,3}, Dragana Milutinović¹, Đorđe Ilić^{1,2}**

¹Faculty of Medicine, University of Novi Sad, Novi Sad, Serbia

²University Clinical Center of Vojvodina, Novi Sad, Serbia

³Institute for Child and Youth Health Care of Vojvodina, Novi Sad, Serbia

Background: *Urinary incontinence (UI) is a very common pelvic floor disorder defined as the "complaint of involuntary loss of urine". Sexual dysfunction (SD) is defined in women as a process of disruption characteristic of the sexual response cycle or as pain associated with sexual intercourse; they prevent a person from experiencing pleasure during sexual activities. The aim of this research was to analyze the frequency of UI and SD in female subjects 6 to 18 months after the first delivery and the association with factors at delivery.*

Material and Methods: *The research included 69 respondents. The inclusion criterium was one previous term birth 6-18 months ago. A survey created using the Google forms application was used to collect data.*

Results: *27/69 (41%) had SD, and 8 (12%) had UI. Tears of birth canal were associated with UI ($p<0.01$). Negative emotional reactions during sexual intercourse increase during the time that passes after childbirth ($p<0.001$). Only 3/27 (11%) respondents who had SD and 3/8 (38%) with UI reported the problem to their doctor. The doctor actively asked about the UI problem during the regular visit in 16/69 (23%), and about the SD in 15/69 (22%).*

Conclusion: *Sexual dysfunction and urinary incontinence are common conditions after the first childbirth. Trauma of birth canal during childbirth can cause urinary incontinence after delivery. Negative emotional reactions increase during the time that passes after childbirth. Patients and doctors rarely discuss SD and UI.*

Keywords: *sexual dysfunction; urinary incontinence; first childbirth*



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VIOLENCE AGAINST WOMEN AND REPRODUCTIVE HEALTH

Carmen Niculescu

National Agency for Equal Opportunities between Women and Men

Violence against women, committed in the domestic space, with a high prevalence in couples, is an important problem of modern society, both in terms of human rights violations and in terms of public health.

In recent years, attention regarding the phenomenon of violence against women has also focused on intimate partner violence and reproductive health, due to the negative consequences that violence can have on women's health. At the same time, significant potential for intervention has been identified to facilitate access to support services, contributing to the combating of a phenomenon that affects one in three women worldwide (according to WHO data).

Intimate partner violence during pregnancy manifests itself through acts of physical, psychological, sexual or emotional abuse, as well as through controlling behaviours. Most studies on intimate partner violence during pregnancy measure physical violence during pregnancy. However, it is most often complemented by sexual and psycho-emotional abuse of the woman, with particularly harmful effects on the health of both the mother and the fetus.

Many women begin to be abused during pregnancy, or, if their partner has previously abused them, violence during pregnancy may increase. Reasons include increased stress in the couple, of a relational, social, emotional and financial nature. A severe form of abuse of pregnant women is physical violence when abusive partners target the woman's abdomen, thus not only hurting the woman but also endangering the pregnancy.

Medical professionals are the first to notice signs of violence against women. The trauma generated by abuse and violence often prevents women from seeking help. Medical professionals are perhaps the only chance for a woman victim of domestic violence to receive the necessary support and information that can be vital for her and her children's safety.



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BRIDGING REPRODUCTIVE HEALTH AND SEXUAL VIOLENCE: THE ROLE OF THE OBSTETRICS- GYNECOLOGY SPECIALISTS

Ionela Mariana Horga¹, Carmen Niculescu²

¹University of Medicine, Pharmacy, Science and Technology George Emil Palade Targu-Mures

²National Agency for Equal Opportunities between Women and Men

Gender-based and sexual violence is pervasive public health challenge with profound implications for reproductive health outcomes. Survivors of sexual violence frequently present within obstetrics and gynecology services, yet detection and response remain inconsistent and fragmented.

This article explores the strategic role of the obstetrics-gynecology sector in bridging reproductive health and sexual violence response efforts, with attention to the Romanian context. We synthesize global guidance and practice evidence on early identification, trauma-informed care, clinical documentation, emergency contraception and post-exposure prophylaxis, and referral pathways. The article further discusses systemic barriers, including lack of training, institutional reluctance and silence, stigma, and lack of protocols, that limit effective intervention in clinical practice. Recommendations are proposed to advance professional competencies, operational guidelines, intersectoral collaboration, and policy alignment.

By recognizing obstetrics and gynecology as a frontline setting in the response to gender-based and sexual violence, the health system can contribute not only to improved clinical outcomes but also to broader social change. The article argues that integrating violence prevention and response into reproductive health services is both an ethical obligation and a public health priority, requiring intentional action at clinical, institutional, and policy levels.

Keywords: *Gender-based violence, sexual violence, public health, obstetrics-gynecology response*



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SEXUAL RIGHTS IN CERTAIN CENTRAL-EASTERN EUROPEAN COUNTRIES- AN OVERVIEW

Furău Cristian^{1,2}

¹Western University „VasileGoldiș” of Arad, Romania

²European Society of Contraception and Reproductive Health

Background: *Sexual rights, nowadays considered an important aspect of human rights, were disconsidered for a long time in many countries from Central-Eastern Europe.*

Material and Methods: *literature review. My comprehensive talk will approach: Policies, Standards and Perspectives on Sexual Rights- consensus documents and guidelines; Sexual Rights and Sexual abuse, discrimination and violence (legal aspects); Sexual Rights and access to healthcare information and services in relation to sexuality; Sexual Rights and Family Planning; Sexual Rights and free choice partner (marriage); Sexual Rights and Sexual Pleasure; Sexual Rights and too much freedom and Sexual Rights and Research.*

Results: *NA*

Conclusion: *There are major differences when addressing SRH between different regions in Europe, and in many aspects the curricula of our specialists is outdated and they need proper training to be able to handle properly nowadays challenges of SRH.*

Keywords: *Sexual reproductive health, sexual rights, human rights*



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IS MENOPAUSE AN “END”-METER FOR ENDOMETRIUM?

Iuliana Ceausu

Carol Davila University of Medicine and Pharmacy, Bucharest

"Dr. I. Cantacuzino" Obstetrics and Gynecology Clinic

In menopause, the endometrium typically becomes thin and inactive due to low estrogen levels. However, it can also thicken, especially when estrogen levels are relatively high and progesterone is low, leading to endometrial changes, progressive in time, that can increase the risk of endometrial neoplasia.

To focus efforts on up-to-date diagnosis, staging, and management, the International Federation of Gynecological and Obstetrics (FIGO) established a staging system that is gradually revised based on the latest clinical evidence. The FIGO 2023 staging system (revised from FIGO 2009) integrates advances in the pathologic and molecular understanding of endometrial cancer progression. Imaging is not directly included in the staging criteria but is essential in guiding management alternatives for patients diagnosed with EC. In this article, we review and compare the previous and updated FIGO endometrial cancer staging systems, discussing the essential role that imaging plays in the latest revised system.

Ultrasonography is a first-stage imaging technique for assessing myometrium and endometrium. It requires findings to be reported consistently because postmenopausal vaginal bleeding is a key symptom that necessitates an evaluation to identify the underlying cause, such as hyperplasia, polyps, or cancer.

Recently, the International Federation of Gynecology and Obstetrics (FIGO) PALM-COEIN system was published, which classifies the etiology of abnormal uterine bleeding, including the myometrial pathologies adenomyosis and fibroids. However, the implementation of this classification system in daily clinical practice is hindered by the lack of standardization in the terms and definitions used to describe ultrasound findings. Standardized terms to be used when describing ultrasound images of the endometrium and uterine cavity have been suggested by the IETA (International Endometrial Tumor Analysis) group, but there remains no standardized terminology for describing ultrasound images of normal or pathological myometrium, or uterine masses.

There is a need of “meter” endometrium, mostly in perimenopause, with consistent criteria because, despite advances in cancer research, endometrial cancer incidence and mortality are worsening. Uterine corpus malignancies have increased by 1% per year in females over 50 since the mid-2000s and 2% in younger women since the mid-1990s. Endometrial cancer (EC) is the second most prevalent cancer among women.

Keywords: menopause, endometrium, ultrasonography, FIGO, IETA



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OVERVIEW OF MUSCULOSKELETAL PAIN IN MENOPAUSE

Gabriela Caracostea

Department of Physiotherapy and Special Motor Skills, Faculty of Physical Education and
Sports,

Babes-Bolyai University, Cluj-Napoca, Romania

Background: *Menopause is associated with a variety of systemic changes, many of which affect the musculoskeletal system. While osteoporosis and osteoarthritis have long been recognized as postmenopausal concerns, the broader syndrome encompassing joint and muscle symptoms - termed musculoskeletal syndrome in menopause (MSSM) - is now increasingly acknowledged as a distinct clinical entity.*

Epidemiological data indicate that 50–70% of postmenopausal women experience musculoskeletal symptoms, with a peak in symptom burden occurring during the early postmenopausal years. Arthralgia is particularly prevalent, often presenting in the hands, knees, shoulders, and hips. These symptoms significantly correlate with menopausal stage and duration, independent of chronological age.

The hormonal transition, especially the reduction in circulating estrogen, is central to the pathogenesis of this syndrome. Estrogen receptors are widely distributed in musculoskeletal tissues, including synovium, cartilage, and skeletal muscle, implicating direct hormonal regulation in maintaining joint and muscle integrity.

In daily practice, musculoskeletal symptoms are among the most frequently reported complaints during the menopausal transition, yet they remain under-recognized in clinical approach of menopausal women. The constellation of joint pain, muscle aches, stiffness, and reduced physical function - collectively referred to as musculoskeletal syndrome in menopause (MSSM) - has a significant impact on quality of life, physical activity, and long-term musculoskeletal health. This review presents current insights into the epidemiology, pathophysiology, clinical features, and management of MSSM, highlighting the need for increased awareness and individualized therapeutic strategies.

Conclusion: *Musculoskeletal syndrome in menopause is a highly prevalent yet often overlooked condition that significantly impacts women's health during midlife and beyond. Given its multifactorial etiology and broad symptomatology, timely recognition and individualized treatment are essential. Further research is warranted to elucidate underlying mechanisms and optimize therapeutic interventions, particularly in women for whom hormone therapy is contraindicated.*

Keywords: *Menopause, musculoskeletal syndrome, estrogen deficiency, arthralgia, joint pain*



HOW PSYCHOLOGICAL FACTORS IMPACT WOMEN DURING MENOPAUSE

Elisabeta Ioana Hirișcău¹, Gabriela Caracostea², Elena-Cristina Buzdugan³

¹Nursing, Faculty of Nursing and Health Sciences, University of Medicine and Pharmacy “Iuliu Hațieganu”, Cluj-Napoca, Romania

²Department of Physiotherapy and Special Motricity, Faculty of Physical Education and Sport, Babeș-Bolyai University, Cluj-Napoca, Romania

³Internal Medicine Department, Faculty of Medicine, University of Medicine and Pharmacy “Iuliu Hațieganu”, Cluj-Napoca, Romania

Background: *Menopause is a transformative phase characterized by hormonal shifts that can trigger or worsen mental health issues. The psychological effects during this period are connected to major life transitions - such as relationships, health, and changes in physical appearance. While physical symptoms like hot flashes, night sweats, and vaginal dryness are well-documented and often addressed clinically, the psychological aspects of this transition are less explored. Research consistently shows that menopause generally has a negative impact on women's psychological well-being (PWB).*

Materials and Methods: *This narrative review explores the psychological factors related to the menopause transition and their effects on women's lives during menopause. Databases such as PubMed, PsycINFO, Scopus, and Google Scholar were searched for peer-reviewed articles and conference presentations examining the connection between menopause and psychological well-being.*

Results: *During menopause, women may experience various psychological and emotional challenges such as depression, anxiety, irritability, distractibility, reduced attention span, impaired reasoning, verbal difficulties, and memory issues. Menopause has also been linked to a higher risk of psychotic symptoms, especially in women with pre-existing conditions like bipolar disorder or schizophrenia. Studies have shown connections between poor sleep, hot flashes, anxiety, depressive symptoms, and low estrogen levels. Suicide rates among women aged 45-55 are notably higher, possibly due to hormonal fluctuations affecting mood regulation. Cognitive decline during menopause - often called brain fog - goes back to normal as the transition ends, but it can sometimes last beyond that period. Psychological resilience has been shown to protect against worsening health or adverse life circumstances later on. Greater optimism, spirituality, and lower trait anxiety and cynicism in midlife are independently associated with better PWB in later years.*

Conclusion: *Menopause is a crucial time for mental health. Psychological problems such as depression, anxiety, irritability, and memory issues can affect women's daily functioning and overall quality of life.*

Keywords: *menopause, mental health, psychological well-being, resilience*



PSYCHOSOCIAL DIMENSIONS OF MENOPAUSE: THE IMPACT OF SYMPTOMS, GENDER ROLE PERCEPTION, AND PERCEIVED STRESS ON MENTAL HEALTH AND QUALITY OF LIFE

**Ioana Loredana Mateiovici (Moise)¹, Brenda Cristiana Bernad^{1,2,3},
Lavinia Hoge^{2,3}, Elena Silvia Bernad^{3,4,5}**

¹Doctoral School, “Victor Babeș” University of Medicine and Pharmacy, Timișoara, Romania

²Department of Neuroscience, “Victor Babeș” University of Medicine and Pharmacy of Timișoara, Romania

³Center for Neuropsychology and Behavioral Medicine, “Victor Babeș” University of Medicine and Pharmacy of Timișoara, Romania

⁴Department of Obstetrics and Gynecology, Center for Laparoscopy, Laparoscopic Surgery and In Vitro Fertilization, “Victor Babeș” University of Medicine and Pharmacy from Timișoara, Romania

⁵1st Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

Background: Menopause is a complex biopsychosocial transition that can substantially influence women’s mental health and quality of life. While hormonal mechanisms are well documented, the psychosocial aspects - such as gender-role internalization and perceived stress - remain less explored, particularly in Eastern-European populations. This study investigated how menopausal symptoms, gender-role perception, and perceived stress interact to shape psychological well-being during perimenopause and menopause.

Material and Methods: This prospective, questionnaire-based study was conducted between May and July 2025 at the Department of Obstetrics and Gynecology, “Pius Brînzeu” County Emergency Clinical Hospital Timișoara, in collaboration with “Victor Babeș” University of Medicine and Pharmacy. Three complementary subsamples were included ($N \approx 50-52$ each), involving women aged 40 and older, in peri- or post-menopause. Validated instruments were applied: the Greene Climacteric Scale (GCS), Hospital Anxiety and Depression Scale (HADS), Bem Sex Role Inventory (BSRI, short version), and Perceived Stress Scale (PSS-10). Data were analyzed using descriptive and correlational statistics.

Results: The most frequent symptoms were sleep disturbances (~60%), fatigue (~55%), anxiety (~50%), and hot flushes (~45%). Psychological symptoms were more prevalent and of moderate intensity, while somatic ones were mild-to-moderate. More than half of participants reported at least mild anxiety, and about 30% showed mild depression. Higher symptom severity correlated with increased anxiety, depression, and perceived stress. Women with feminine traits (e.g., empathy, sensitivity) tended to report lower depression, while assertive or androgynous profiles showed better coping and stress regulation. Perceived stress was moderate in 55% and high in 25% of participants, predicting greater psychological distress and accounting for approximately 35% of the variance in quality of life.

Conclusion: Psychosocial variables play a crucial role in emotional well-being during menopause. Integrating stress-management interventions and gender-sensitive psychological support into clinical practice may significantly improve women’s quality of life and mental health outcomes.

Keywords: menopause, perceived stress, gender roles, mental health, quality of life



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MENOPAUSE : FROM SYMPTOMS TO HORMONE THERAPIES

Andrea R. Genazzani

Division of Obstetrics and Gynecology, Department of Clinical and Experimental Medicine,
University of Pisa, Pisa, Italy

Background: *Menopausal symptoms can be very distressing and considerably affect a woman's personal and social life. It is becoming more and more evident that leaving bothersome symptoms untreated in midlife may lead to altered quality of life, reduced work productivity and, possibly, overall impaired health. Hormone therapy (HT) for the relief of menopausal symptoms has been the object of much controversy over the past two decades. At the beginning of the century, a shadow was cast on the use of HT owing to the concern for cardiovascular and cerebrovascular risks, and breast cancer, arising following publication of a large randomized placebo-controlled trial. Findings of a subanalysis of the trial data and extended follow-up studies, along with other more modern clinical trials and observational studies, have provided new evidence on the effects of HT.*

Results: *HT is an effective treatment for bothersome menopausal vasomotor symptoms, genitourinary syndrome, and prevention of osteoporotic fractures. Women should be made aware that there is a small increased risk of stroke that tends to persist over the years as well as breast cancer risk with long-term estrogen-progestin use. However, healthy women who begin HT soon after menopause will probably earn more benefit than harm from the treatment. HT can improve bothersome symptoms, all the while conferring offset benefits such as cardiovascular risk reduction, an increase in bone mineral density and a reduction in bone fracture risk. Moreover, a decrease in colorectal cancer risk is obtainable in women treated with estrogen-progestin therapy, and an overall but nonsignificant reduction in mortality has been observed in women treated with conjugated equine estrogens alone or combined with estrogen-progestin therapy. Where possible, transdermal routes of HT administration should be preferred as they have the least impact on coagulation. With combined treatment, natural progesterone should be favored as it is devoid of the antiapoptotic properties of other progestogens on breast cells. When beginning HT, low doses should be used and increased gradually until effective control of symptoms is achieved. Unless contraindications develop, patients may choose to continue HT as long as the benefits outweigh the risks. Regular reassessment of the woman's health status is mandatory. Women with premature menopause who begin HT before 50 years of age seem to have the most significant advantage in terms of longevity.*

Conclusions: *In women with bothersome menopausal symptoms, HT should be considered one of the mainstays of treatment. Clinical practitioners should tailor HT based on patient history, physical characteristics, and current health status so that benefits outweigh the risks.*

Keywords: *menopause, symptoms, hormone therapy*



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REBIRTH OF MENOPAUSAL HORMONE THERAPY

David F. Archer

¹Eastern Virginia Medical School, Norfolk, Virginia, USA

The Women's Health Initiative publications in 2002 and 2003 of increased cardiovascular and breast cancer risk with menopausal hormone therapy were reported by the media as significant breakthroughs in Women's Health. This media attention resulted in a worldwide reduction in the use of menopausal hormone therapy (MHT). A series of articles most notably the New York Times article of February 2, 2023, titled Women Have Been Misled About Menopause documented the scare that resulted in many women who would benefit from MHT stopping or never starting estrogen with or without a progestin.

This article in the lay press provoked an outpouring of complaints from menopausal women, whose physicians had ignored or downplayed their symptoms. Vasomotor symptoms of hot flashes, and night sweats are present in 85% of postmenopausal women and can last up to 14 years in some instance. Estrogen is the most effective method for reducing hot flashes and night sweats both their frequency and severity. The medical management for menopausal women has remained little changed since the Women's Health Initiative publication in 2002. A review of publication on PubMed used the following search terms. Menopause, Cardiovascular disease, and estrogens found a range of 114 to 128 publications each year between 2020 and 2025. A similar search using Menopause, breast cancer and estrogen found a range of 184 to 282 publications from 2020 to 2024. These data and the proceeding of the Menopause Society meetings suggest little change in physician attitude, counseling, and prescribing of MHT, which has been based on the Women's Health Initiative original articles. However, consumer requesting MHT has demonstrated a dramatic increase in prescription for MHT. This is driven by growing awareness in research correcting past misconceptions and changes in prescribing information. This shift is different from the fears that the WHI implanted in women for the last twenty plus years. England had the most published increase with patient volume rising from 2.3 million to 2.6 million between 2022 to 2024. The Prescriptions filled during this time rose from 10.9 million to 13.0 million. These change reflect increased awareness and requests for treatment. A major player is the internet allowing Influencers to provide an audience for stating their claim that MHT is beneficial. These posts resonate with the increasing population of women entering the menopause in the United States who find that the vasomotor symptoms and mood changes are not being adequately addressed by the unprepared and often uneducated US physicians. A sign of the times is that the Menopause Society in the United States had a membership increase of 8000 in 2024. This reflected the desire of many physicians to become knowledgeable regarding current treatments and risk benefit ratio. The United States Food and Drug Administration Convened and Expert Panel in July 2025 to address the issues regarding MHT. Overall multiple factors are playing into the rebirth of MHT that indicate a need to educate physicians regarding the risk/benefits of MHT in order to prepare them for the increasing request from consumers.

Keywords: menopause, hormone therapy, vasomotor symptoms



OVARIAN ENDOMETRIOMA IS NOT A SIMPLE OVARIAN CYST

**Romina-Marina Sima^{1,2}, Gabriel-Octavian Olaru^{1,2}, Ileana-Maria Conea^{1,2},
Mihaela Amza^{1,2}, Liana Ples^{1,2}**

¹UMF “Carol Davila”, Bucharest, Romania

²“St John Hospital”, “Bucur” Maternity, Bucharest, Romania

Background: *The surgical approach for ovarian endometrial cysts has changed in time especially in women with recurrent endometriosis, fertility sparing and infertility management.*

Material and Methods: *This study systematically evaluated the literature to identify the surgical approach of ovarian endometriomas and the consequences regarding the experience of the surgical team that performs the laparoscopy.*

Results: *Surgical treatment is the primary therapeutic option in ovarian endometriosis for infertile women, for those who failed to get pregnant despite 1-1.5 years of trials, in cases where in vitro fertilization is required or for larger cysts with more than 4 cm in diameter. The most efficient types of treatment are represented by radical procedures involving adhesiolysis, removal of the cyst along with its capsule and any remaining endometriotic foci. However, small asymptomatic cysts should not be treated surgically, especially in patients older than 35 years. The studies proves that in majority of cases ovarian endometriomas associate other types of endometriosis, such as deep infiltrating endometriosis. An imagistic preoperative evaluation is mandatory and ENZIAN classification. The endometriomas should be treated in laparoscopic trained centers with multidisciplinary surgical teams. If there are not performed extensive removals of endometrial lesions of the peritoneum, sacro-uterin ligaments of recto-vaginal septum the risk of recurrence is high and the symptomatology remains. There are patients with multiple surgical interventions for endometriomas and the quality of life is severe affected.*

Conclusion: *Endometriosis is a challenging pathology even for experienced pelvic laparoscopic surgeons. The patients need a detailed counseling before surgery regarding the therapeutic options and possible postoperative complications.*

Keywords: *ovarian endometrioma, laparoscopy, surgeon, experience*



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SEXUAL LIFE OF MENOPAUSAL WOMEN AND THE ROLE OF HORMONAL THERAPY: CLINICAL PERSPECTIVES AND PATIENT-CENTERED APPROACHES

P. Koliba¹, P. Koliba jr.²

¹Gynartis s.r.o. Gynecological Clinic, Ostrava

²Department of Gynecology and Obstetrics of the Faculty Hospital and the 1st Faculty of
Medicine, Prague

Menopause marks a significant transition in a woman's life, often accompanied by profound changes in sexual health and function. This presentation explores the physiological, psychological, and relational dimensions of sexual well-being during and after the menopausal transition. Emphasis will be placed on the role of hormonal changes—particularly the decline in estrogen, testosterone, and other sex steroids - and their impact on libido, vaginal health, arousal, and overall sexual satisfaction. Evidence-based approaches to hormone replacement therapy (HRT), including systemic and local treatments, will be discussed along side non-hormonal options. Special attention will be given to individualized patient care, risk-benefit analysis, and the importance of addressing sexual health openly in clinical practice. By enhancing understanding and communication, clinician scan better support the sexual health and quality of life of menopausal women.

Keywords: *sexual life, menopause, hormonal therapy, quality of life*



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ULTRASOUND ASSESSMENT OF THE FEMALE CLITORIS: A NOVEL TOOL FOR THE EVALUATION OF SEXUAL FUNCTION

Dana Stoian^{1,2}, Răzvan Bardan^{2,3}

¹Department of Endocrinology, University of Medicine and Pharmacy “Victor Babeș”,
Timișoara, Romania;

²Dr. D Medical Center, Sexual Medicine Department, Timișoara, Romania;

³Department of Urology, University of Medicine and Pharmacy “Victor Babeș”, Timișoara,
Romania

Background: *High-resolution and Doppler ultrasound have recently emerged as valuable techniques for assessing female genital vascularization. The clitoris, a highly vascular and sensitive structure, plays a central role in sexual function, yet remains underexplored in clinical imaging. The aim of this work was to develop and test a standardized color Doppler ultrasound (CDU) protocol for the evaluation of clitoral vascular parameters, with potential applications in the study of female sexual dysfunction (FSD).*

Material and Methods: *A prospective observational study was performed to evaluate the feasibility and reproducibility of clitoral CDU. Using a 12–15 MHz linear transducer, bilateral clitoral arteries were identified, and **pulsatility index (PI)**, **peak systolic velocity (PSV)**, and **end-diastolic velocity (EDV)** were measured. Procedure duration, patient comfort, and intra-observer variability were recorded. Exploratory correlations were analyzed between CDU parameters and standardized sexual function questionnaires*

Results: *The CDU protocol was feasible in over 90% of participants, with consistent bilateral arterial visualization. Mean PI values exhibited individual variability and tended to increase in women reporting lower arousal and lubrication scores. Intra-observer variability remained below 10%, supporting method reproducibility. No adverse effects or relevant discomfort were reported.*

Conclusion: *Clitoral color Doppler ultrasound is a feasible, noninvasive technique for the assessment of genital vascular function. Preliminary data suggest that vascular indices such as PI, PSV, and EDV may reflect alterations related to female sexual dysfunction. Further studies are needed to establish normative reference values and clinical applicability.*

Keywords: *female sexual dysfunction, prediction, clitoral color Doppler ultrasound*



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AI IN OBSTETRICS AND GYNECOLOGY: TRANSFORMING WOMEN'S HEALTH CARE

Jessica Ybanez-Morano

Northeastern Medical University, Trinity Health System,
Department of Obstetrics and Gynecology, Steubenville, OH, USA

Objective: *This lecture aims to explore the transformative role of Artificial Intelligence (AI) in the field of Obstetrics and Gynecology (OB/GYN). By examining current applications, emerging technologies, and future directions, attendees will gain insights into how AI is reshaping patient care, enhancing clinical decision-making, and improving health outcomes for women.*

Background: *The integration of AI in healthcare has accelerated in recent years, offering innovative solutions that address complex challenges in women's health. From predictive analytics to telemedicine, AI technologies have the potential to optimize clinical workflows, personalize treatment strategies, and enhance diagnostic accuracy.*

Key topics:

1. Overview of AI Technologies in OB/GYN:

- *Definition and categories of AI in healthcare.*
- *Current trends and advancements in the application of AI.*

2. Clinical Applications:

- *Risk assessment and predictive modeling to identify high-risk pregnancies and complications such as preeclampsia and gestational diabetes.*
- *AI-assisted imaging techniques, including ultrasound, for the detection of fetal anomalies and gynecological conditions.*
- *Natural Language Processing (NLP) in electronic health records (EHR) for improved patient management and care coordination.*

3. Patient Engagement and Telemedicine:

- *The role of AI-driven chatbots and virtual assistants in facilitating patient education and support.*
- *Utilization of telehealth platforms to increase access to care and integrate remote monitoring.*

4. Ethical Considerations and Challenges:

- *Addressing data privacy, patient safety, and the ethical implications of AI deployment.*



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- *The importance of clinician oversight to ensure the responsible use of AI technologies.*

5. *Future Perspectives:*

- *Innovations on the horizon, including AI in personalized medicine and its role in research and clinical trials.*

- *Strategies for overcoming barriers to AI implementation in routine OB/GYN practice.*

Conclusion: *As AI continues to evolve, its potential to revolutionize women's health care is becoming increasingly apparent. This lecture will highlight the current state of AI in OB/GYN, encouraging open discussion about the challenges and opportunities that lie ahead in creating a more equitable, efficient, and effective healthcare system for women.*

Keywords: *AI, obstetrics, gynecology, women's health*



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ARTIFICIAL INTELLIGENCE IN OBSTETRICS AND GYNECOLOGY EDUCATION: BRIDGING INNOVATION AND CLINICAL PRACTICE

Ferenc Bari

Department of Medical Physics and Informatics, University of Szeged, Hungary

Introduction: *Artificial intelligence (AI) is reshaping not only clinical decision-making but also the way future obstetricians and gynecologists are trained. The growing presence of AI in ultrasound diagnostics, risk prediction, and reproductive health management underscores the need to integrate digital knowledge and algorithmic understanding into medical education. Yet, many curricula still lack structured approaches to teaching the fundamentals of AI, its limitations, and ethical implications. Developing competence in interpreting AI-assisted results and critically appraising algorithmic outputs is becoming essential for responsible clinical practice.*

Results: *Recent educational initiatives demonstrate the feasibility and value of introducing AI concepts into obstetrics and gynecology (OB/GYN) training. Simulation-based learning environments, virtual patients, and AI-driven image interpretation platforms have improved diagnostic accuracy and confidence among trainees. Machine learning modules incorporated into perinatal imaging and fetal monitoring courses enhance understanding of data-driven risk assessment. Early exposure to AI applications in reproductive medicine and oncology fosters analytical thinking, interdisciplinary collaboration, and ethical awareness. Surveys among medical students and residents indicate strong interest but limited hands-on experience, highlighting a gap between technological innovation and educational preparedness.*

Conclusions: *Integrating AI into OB/GYN education provides an opportunity to modernize clinical training, foster data-driven reasoning, and prepare clinicians for an increasing digital healthcare environment. Effective implementation requires cross-disciplinary collaboration between clinicians, data scientists, and educators to ensure conceptual clarity, critical appraisal skills, and ethical sensitivity. Future curricula should emphasize practical engagement with AI tools, critical interpretation of algorithmic results, and understanding of their limitations. Equipping the next generation of obstetricians and gynecologists with AI literacy will not only improve clinical decision-making but also ensure that emerging technologies are used safely, equitably, and for the benefit of maternal and reproductive health worldwide.*

Keywords: *artificial intelligence, obstetrics and gynecology education, medical curriculum development, clinical decision support, digital health*



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ARTIFICIAL INTELLIGENCE, FETAL CARDIAC SCREENING AND ANOMALY RECOGNITION

Claudiu Mărginean, Vlăduț Săsăran

Department of Obstetrics&Gynecology, “George Emil Palade” University of Medicine,
Pharmacy, Science, and Technology of Targu Mures, Romania

Background: *Artificial intelligence (AI) is progressively integrating into daily clinical practice. The aim of this paper is to identify current research which has reviewed studies focusing on the role of AI in fetal cardiac anomaly recognition.*

Material and Methods: *A thorough PubMed database search was conducted for review articles published between 2020 and 2025, using the key words “artificial intelligence” and “fetal cardiac screening”.*

Results: *The search rendered a total of 28 articles, out of which 10 were review articles which evolved around our objective. From these 10 publications, 6 articles only treated technical issues, such as “machine learning”. Only 4 review articles took into consideration AI’s performance in the recognition of abnormal structures. These presented the main points and conclusions of 13 articles, all published in the last 5 years.*

The number of cases enrolled in each study varied between 34 and 485, with a total of 1385 anomalies included in the 13 articles. Most of them enrolled a few tents of fetuses and only 3 studies were performed on more than 100 cases with fetal cardiac anomalies. In each of the studies, AI was retrospectively applied on static images, videos or 3D acquired volumes. Fetal cardiac anomaly recognition by AI had a sensitivity between 68% and 100% and a specificity between 72%and 98%.

Conclusion: *AI has become a promising tool for the diagnosis of fetal cardiac anomalies. Future prospective studies, enrolling a higher number of cases are warranted to deliver more information regarding its particular features and utility.*

Keywords: *artificial intelligence, fetal cardiac screening*



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BLICK-DIAGNOSIS IN GYNECOLOGIC CONSULTATIONS: RAPID RECOGNITION, PRACTICAL ALGORITHMS, AND COMMON PITFALLS

Măcicășan Gabriel

Hospital Heilig Geist Spital

Academic University Goethe Frankfurt am Main, Germany

Background & Aims. *In gynaecology and obstetrics, many conditions can be diagnosed visually through rapid recognition (“Blick-diagnosis”), particularly when training includes exposure to representative cases. This presentation provides a structured visual toolkit to support swift triage, targeted work-up, and prompt initiation of appropriate therapy.*

Methods/Approach. *We compiled a thematically organised collection of clinical images (white plaques; erythematous/scaly lesions; erosions/ulcers; pigmented lesions), each accompanied by first-glance indicators, red flags warranting biopsy/urgent referral, and mini-algorithms for vulvar pruritus, pain, and persistent lesions. Notes on office dermoscopy and considerations across diverse skin tones are integrated.*

Clinical Relevance. *Under routine time pressure, standardising “diagnosis at a glance” improves accuracy, reduces unnecessary treatments, and shortens time to diagnosis. As gynaecologists—often consulted for a second opinion—we carry a significant responsibility for promptly recognising vulvar skin disease.*

Key Messages. *(1) Inspect systematically and document vulvar architecture; (2) Consider LS/LP/LSC in chronic pruritus and do not overlook psoriasis; (3) Use dermoscopy when available; (4) Biopsy persistent or atypical lesions; (5) Work within a multidisciplinary team.*

Keywords: *blick-diagnosis, vulvology, gynaecology, dermoscopy, clinical algorithms, visual diagnosis*



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ARTIFICIAL INTELLIGENCE AND VIRTUAL REALITY IN OBSTETRICS-GYNECOLOGY DOMAIN

**Mihaela Crișan-Vida¹, Lăcrămioara Stoicu-Tivadar¹,
Robert Leonard Bernad¹, Elena Bernad^{2,3}**

¹Politehnica University Timisoara, Romania;

²Department of Obstetrics and Gynecology, Center for Laparoscopy, Laparoscopic Surgery and
In Vitro Fertilization, Center for Neuropsychology and Behavioral Medicine, “Victor Babes”
University of Medicine and Pharmacy from Timișoara, Romania

³1st Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and
Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

Background: *Artificial Intelligence and Virtual Reality may transform medical care into valuable tools that can modernise and improve training in the healthcare system. The technologies used by Artificial Intelligence will enable different training systems to process vast volumes of data and personalise learning on a scale that a human cannot. The immersive experiences offered by Virtual Reality will improve the process and help trainees learn more and fill gaps in their understanding of the solutions. The integration of AI and VR in the Obstetrics-Gynaecology domain has great potential to improve diagnosis, personalised treatment, surgical training, and administrative efficiency, enhancing the overall quality of care.*

Methods: *We analysed specific literature and several platforms in the Obstetrics-Gynaecology domain that use AI and VR for surgical training, personalised care, and patient education. In VR medical training, AI may enhance the experience by providing adaptive feedback, dynamic scenarios, and personalised anatomical models.*

Results: *We analysed SimX, a Virtual Reality Medical Simulation System that uses AI for personalised feedback, performance evaluation, and scenario creation.*

Conclusion: *Integrating AI and VR is transforming Obstetrics-Gynaecology by optimising diagnosis, personalising treatment, enhancing medical education, and empowering patients. A multidisciplinary collaboration and patient-centred approach are essential for safe, equitable, and practical implementation, maximising benefits for women's health.*

Keywords: *Artificial Intelligence, Virtual Reality, medical training, Obstetrics-Gynaecology*



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IRON DEFICIENCY ANEMIA IN PREGNANCY: HEMATOLOGIC PROFILING, CLINICAL CORRELATIONS, AND STRATEGIC THERAPEUTIC INTERVENTIONS TO OPTIMIZE MATERNAL-FETAL OUTCOMES

Laura Atyim¹, Roxana Folescu², Elena Silvia Bernad^{3,4}

¹ Doctoral School, “Victor Babes” University of Medicine and Pharmacy from Timișoara, Romania

² XVI Department, “Victor Babes” University of Medicine and Pharmacy from Timișoara, Romania

³ Department of Obstetrics and Gynecology, Center for Laparoscopy, Laparoscopic Surgery and In Vitro Fertilization, Center for Neuropsychology and Behavioral Medicine, “Victor Babes” University of Medicine and Pharmacy from Timișoara, Romania

⁴ 1st Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

Background: *Anemia represents one of the most prevalent hematological disorders in pregnancy, frequently resulting from iron deficiency due to increased erythropoietic demands and expanded plasma volume. If left untreated, maternal anemia is associated with a spectrum of adverse outcomes including intrauterine growth restriction, preterm delivery, and increased perinatal morbidity. Timely identification and targeted therapeutic intervention are essential to mitigate these risks and improve both maternal and fetal prognosis.*

Material and Methods: *A retrospective, descriptive observational study was conducted on a cohort of pregnant patients evaluated at a tertiary care maternity unit in Timișoara. Data collection included complete blood counts (CBC) and iron-related biochemical markers. The hematological profile was assessed based on hemoglobin concentration, hematocrit, mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), red cell distribution width (RDW), and serum ferritin levels. Statistical analysis was employed to identify correlations between key red blood cell indices and to determine the predominant morphologic anemia types.*

Results: *The analysis revealed a high incidence of anemia among the study population, with iron deficiency anemia (IDA) being the most frequent subtype, characterized by microcytic, hypochromic erythrocyte patterns. Significant correlations were observed between MCV and hemoglobin levels, as well as between RDW and MCV, indicating anisocytosis consistent with progressive iron depletion. Reduced ferritin levels supported the diagnosis of IDA in the majority of cases. Management strategies involved oral iron supplementation as first-line therapy, with parenteral iron administration considered in cases of intolerance or poor therapeutic response.*

Conclusion: *This study highlights the clinical importance of early hematologic assessment in pregnancy and the necessity of individualized treatment protocols. Iron deficiency remains a modifiable risk factor with significant implications for obstetric care.*

Keywords: *iron deficiency anemia, pregnancy, hematologic parameters, maternal health, erythrocyte indices*



AWARENESS OF HUMAN PAPILLOMA VIRUS (HPV) INFECTION, HPV VACCINATION, AND CERVICAL CANCER AMONG WOMEN – A QUESTIONNAIRE-BASED STUDY

Bîrzu Mihai¹, Bernad ElenaSilvia^{1,2,3}, Craina Marius^{1,2,3}

¹Center for Laparoscopy, Laparoscopic Surgery and In Vitro Fertilization, “Victor Babes”
University of Medicine and Pharmacy from Timișoara, Romania

²Department of Obstetrics and Gynecology, Center for Neuropsychology and Behavioral
Medicine, “Victor Babes” University of Medicine and Pharmacy from Timișoara, Romania

³1st Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and
Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

Introduction: *Cervical cancer remains one of the leading causes of cancer-related mortality among women worldwide, despite being largely preventable. Persistent infection with oncogenic Human Papilloma Virus (HPV) strains represents the main etiological factor. However, public awareness regarding HPV infection, vaccination, and cervical cancer screening is still suboptimal, especially in Eastern Europe.*

Objective: *The present study aimed to assess the level of knowledge and awareness among women regarding HPV infection, transmission routes, vaccination, and their relationship with cervical cancer prevention.*

Material and Methods: *A structured questionnaire was developed and distributed to a sample of 98 women aged 18-65 years, from both urban and rural areas. The survey included four main sections: (1) demographic data, (2) knowledge of cervical cancer, (3) awareness of HPV infection, and (4) understanding and attitudes toward HPV vaccination. Responses were analysed using descriptive statistics and comparative tests according to age, educational level, and residence.*

Results: *Preliminary findings indicate that while most participants were aware of cervical cancer, fewer recognized HPV as its primary cause. 91.8% correctly identified HPV as a sexually transmitted infection, and 55.1% considered HPV vaccination as very efficient, followed by 40.8% considering it as just efficient. The reported vaccination rate was 28.6%. The most common reasons for vaccine hesitancy were fear of adverse effects, lack of accurate information, and limited accessibility. Higher educational levels were significantly associated with better awareness scores ($p < 0.05$).*

Conclusions: *The study highlights the need for targeted educational programs and public health campaigns to improve understanding of HPV-related diseases and to increase vaccine acceptance. Strengthening cooperation between healthcare providers, schools, and public health authorities is essential to enhance cervical cancer prevention efforts in Romania.*

Keywords: HPV, vaccination, cervical cancer, awareness, prevention, women's health



ISTHMOCELE - AN UPDATE OF EXISTING LITERATURE REGARDING DIAGNOSIS, CLINICAL RELEVANCE AND SURGICAL TREATMENT

**Ioana-Adelina Clim¹, Viorela Elena Suciu², Flaviu Ionut Faur^{3 4},
Amadeus Dobrescu^{3 4}**

¹ Doctoral School of Medicine “Victor Babes” University of Medicine and Pharmacy, Timisoara, Romania

² 2nd Department of Obstetric and Gynecology, ‘Iuliu Hatieganu’ University of Medicine and Pharmacy, Cluj-Napoca, Romania

³ 2nd Surgery Clinic, Timisoara Emergency Country Hospital, Timisoara, Romania

□ Department X of General Surgery, University of Medicine and Pharmacy “Victor Babes”, Timisoara, Romania

Background: *Isthmocele, also known as cesarean scar defect or uterine niche, is characterized by a defect within the myometrium due to defective healing and is defined sonographically as an indentation at the site of the cesarean section scar with a depth of at least 2 mm. The prevalence of isthmocele has risen in parallel with the increasing rate cesarean section, affecting about 60% of women. Symptoms such as postmenstrual spotting, dysmenorrhea, chronic pelvic pain, infertility or poor quality of life are frequently reported. More than this, in 2023 a Delphi Consensus evaluated the definition, diagnostic and uniform nomenclature of this condition, categorizing the symptomatic niche as Cesarean Scar Disorder (CSD). Diagnosis can be made through transvaginal ultrasound, sonohysterography, hysteroscopy or magnetic resonance imaging. Management of isthmocele may involve pharmacological or surgical interventions.*

Material and Methods: *This literature review aims to provide an analysis of the new diagnostic criteria, impact on clinical conditions such as infertility, cesarian scar pregnancy and placenta accreta spectrum and also on surgical management options. A comprehensive PubMed research of observational studies from recent years was performed.*

Results: *Regarding the impact on reproductive outcomes, niche appears to be an intermediate risk factor for infertility and is also a risk factor for cesarean scar disorder, cesarean scar pregnancy and placenta accreta spectrum.*

Surgical treatment includes hysteroscopic resection, laparoscopic approaches or vaginal procedures. The robotic-assisted approach shows promising results, but lacks extensive data.

Conclusion: *Isthmocele is a very common pathology affecting many patients, with an increasing prevalence. Symptoms can range from asymptomatic patients to impaired quality of life. Regarding the surgical management, there is no consensus yet, but it is based on individual patient characteristics.*

Keywords: *isthmocele, cesarean scar disorder, surgical treatment*



COMPLICATION RATE OF THE MEDICAL METHOD FOR FIRST-TRIMESTER PREGNANCY TERMINATION AT THE OBSTETRICS AND GYNECOLOGY CLINIC NARODNI FRONT IN BELGRADE

Bobana Ivanovic

The Obstetrics and Gynecology Clinic Narodni Front, Belgrade, Serbia

Background: Current abortion intervention options are classified as either surgical (uterine curettage/aspiration) or medical (the use of medications to induce uterine contractions and expel pregnancy tissue). Although surgical evacuation of the uterus has traditionally been the standard method for pregnancy termination, medical abortion has become increasingly popular as a non-invasive alternative. This study aimed to evaluate the complication rate of medical abortion for first trimester pregnancy termination at the Obstetrics and Gynecology Clinic Narodni Front in Belgrade.

Material and Methods: A retrospective study was conducted from January 2023 to Jun 2025. Demographic, medical, and clinical data were collected from patients' medical records. Data were analyzed using IBM SPSS Statistics 22, applying descriptive statistical methods.

Results: During this period, a total of 1,788 first-trimester abortions were performed, of which 400 (22.4%) were carried out using the medical method of pregnancy termination. The average age of the patients was 31.5 years. Medical abortions were conducted using mifepristone and misoprostol. The complication rate in this group was 1.75%. All seven patients with complications experienced suspected retained products of conception, requiring instrumental revision of the uterine cavity. In five of these cases, the presence of retained tissue was confirmed by histopathological examination. No other complications, such as infection, fever, or heavy bleeding, were observed.

Conclusion: Medical abortion using mifepristone and misoprostol is a very safe and highly effective method for first-trimester pregnancy termination, associated with a low complication rate. However, careful patient selection and thorough clinical evaluation are essential to ensure successful outcomes.

Keywords: medical abortion, mifepristone, misoprostol, complications



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UROGYNECOLOGICAL DIFFICULTIES AND THEIR FREQUENCY IN WOMEN AFTER RADIOTHERAPY OF THE SMALL PELVIS

Pavel Kabele, Markéta Malecová, Petr Hubka, Peter Koliba

University Hospital, Bulovka Prague

Background: *Radiotherapy is a highly effective form of treatment with side effects that are often more pronounced in the pelvic region due to the close relationship between the target organs and healthy organs. Possible side effects of radiation to the small pelvic area include pelvic floor atrophy, damage to the vaginal mucosa and the urethra and bladder. Pelvic floor atrophy usually leads to fibrotic tissue and the finding of a 'frozen urethra'. However, peripheral nerves may also be damaged due to radiation and many patients suffer from coughing or urge to urinate which cannot be delayed, which may also be associated with urine leakage (urge type incontinence).*

We know from the EPIC and EpiLUTS studies in the general population that women are approximately twice as likely as men to suffer from urgency, urge incontinence or both.

Women after pelvic radiotherapy, although they should have comprehensive care, usually do not visit a urogynecologist until many months or years later.

Material and Methods: *The poster presents the character of difficulties and their frequency in patients and is based on examination and questionnaires.*

Results: *From the information obtained so far, difficulties with urine leakage, difficulties during sexual intercourse and vaginal dryness predominate.*

Conclusion: *Targeted management of the identified problems improves the overall quality of life of the patient. The patient's well-being is improved by urogynecological surgery, appropriate medication for urgency, or topical estrogens and hyaluronic acid.*

Keywords: *radiotherapy, stress urine leakage, urgency, sexual difficulties*



QUADRIMODAL PREHABILITATION – A COMPREHENSIVE PROGRAMME WITH THE POTENTIAL TO CHANGE CLINICAL PRACTICE BEFORE CANCER SURGERY

Markéta Malecová, Tomáš Brtnický , Peter Koliba, Pavel Kabele

Department of Obstetrics and Gynaecology of the 1st Faculty of Medicine and Bulovka Hospital,
Prague, Czech Republic

Introduction: Prehabilitation is a novel approach that aims to enhance patients' physical, nutritional and psychological well-being prior to surgical interventions. While there are already data evaluating the effect of trimodal prehabilitation, our group has implemented a quadrimodal approach that includes occupational therapy. This programme is targeted at frail patients with advanced oncogynecologic disease who are at increased risk for postoperative complications.

Material and methods: The study recruited 28 patients, 20 of whom successfully completed an intensive three-week prehabilitation programme. The programme comprised four modules: physiotherapy, nutritional support, psychological support and occupational therapy. Patients completed four days of inpatient care and three days of home care per week. The effectiveness of the programme was assessed using a range of methods, including physical tests (6-minute walk test, 5x Sit-to-Stand Test), psychological status questionnaires (Perceived Stress Scale) and nutritional assessment using established questionnaires (MUST, PONS).

Results: The results demonstrated statistically significant enhancements in physical fitness assessments, a decline in frailty index, and an augmentation in psychological well-being. Notably, three patients no longer fulfilled the frailty criteria at the conclusion of the programme. Spirometric parameters, including FVC, FEV1, and PEF, exhibited substantial improvement. The nutritional intervention resulted in a reduction in the number of patients at high risk of malnutrition. Additionally, there was a notable improvement in the nutritional parameters.

Conclusion: Quadromodal prehabilitation has demonstrated considerable potential in enhancing the overall condition of frail cancer patients prior to radical surgery, as evidenced by the study. The findings confirm the universal applicability of the approach and its capacity to better prepare patients for the substantial surgical and postoperative burden. The primary endpoint of the study was to enhance the physical and psychological condition of the patients, whilst a secondary endpoint was to stratify patients into groups according to their response to the programme, i.e. responders and non-responders. The implementation of this approach in clinical practice has the potential to contribute to improved health outcomes and reduced healthcare costs.

Keywords: prehabilitation, cancer, oncogynecology, occupational therapy, physiotherapy, frailty patient



ANATOMICAL, CLINICAL, SURGICAL, AND RECOVERY ASPECTS IN ABNORMAL PLACENTAL INVASION (ACCRETA, INCRETA, PERCRETA)

Sebastian Mirea¹, Lucian Șerbanescu¹, Elena Bernad²

¹ Department of Obstetrics, County Clinical Emergency Hospital "Sf. Ap. Andrei", Constanta, Romania

² Department of Obstetrics, University of Medicine, Timisoara, Romania

Background: *Placenta accreta spectrum (PAS) disorders, including accreta, increta, and percreta, represent a growing obstetric challenge closely associated with the increasing rate of cesarean deliveries. PAS is a major cause of maternal and fetal morbidity and mortality, requiring timely diagnosis and multidisciplinary management to optimize outcomes.*

Material and Methods: *We conducted a retrospective study at the County Emergency Clinical Hospital "Saint Andrew the Apostle" Constanța, analyzing cases of placenta previa and PAS from 2018 to 2024. Data were collected from medical records, surgical reports, and histopathology results. The prenatal diagnosis was based on ultrasound and magnetic resonance imaging (MRI). We evaluated maternal risk factors, diagnostic methods, intraoperative findings, and postoperative outcomes.*

Results: *Out of 22,447 deliveries, 10,063 (44.8%) were performed by cesarean section. We identified 52 cases of placenta previa (0.23%) and 21 cases of PAS (0.09%), including 12 accreta, 5 increta, and 4 percreta. Most PAS cases had a history of at least one previous cesarean section. Ultrasound had a sensitivity of approximately 90%, and MRI a sensitivity of 94% in detecting PAS. All percreta cases involved complete uterine serosa invasion with extensive adhesions requiring unilateral or bilateral adnexectomy. Total hysterectomy was performed in all PAS cases, with additional urological procedures when bladder invasion was present. Hospitalization ranged from 5 to 34 days. Major maternal complications included severe hemorrhage, massive transfusion, and urinary tract injuries. Neonatal outcomes were influenced by prematurity and intensive care needs.*

Conclusion: *Early prenatal diagnosis and multidisciplinary management are crucial in PAS cases. Cesarean hysterectomy remains the standard surgical approach to minimize maternal morbidity and mortality.*

Keywords: *placenta accreta spectrum, prenatal diagnosis, multidisciplinary management*



SECOND-TRIMESTER MATERNAL BIOCHEMICAL PREDICTORS OF NEONATAL MACROSOMIA REGARDLESS OF GLUCOSE TOLERANCE STATUS: A CASE-CONTROL STUDY IN ROMANIA

Muntean Mihai¹, Mărginean Claudiu¹, Bernad Elena Silvia², Săsăran Vladuț¹

¹Department of Obstetrics and Gynecology 2, George Emil Palade University of Medicine,
Pharmacy, Science, and Technology of Târgu Mureș, Târgu Mureș, Romania

²Department of Obstetrics and Gynecology, Faculty of Medicine, "Victor Babes" University of
Medicine and Pharmacy, Timisoara, Romania

Background: *Macrosomia is associated with an increased risk of maternal and neonatal complications, and its incidence is greater in obese pregnant women and in pregnancy complicated by gestational diabetes mellitus (GDM).*

Material and Methods: *The study included 71 women diagnosed with GDM and 142 control pregnant women. We conducted a Pearson correlation analysis to identify significant correlations between maternal glycemic and lipid parameters at 24-28 weeks of gestation (WG) with newborn weight. A logistic regression analysis was also performed to identify potential macrosomia predictors.*

Results: *In the GDM pregnant women group, maternal fasting glucose level at 24-28 WG was greater in the women who gave birth to macrosomic newborns ($p < 0.0001$) and maternal LDL cholesterol was lower ($p = 0.02$). In control group maternal 1 h glucose level, at 24-28 WG was lower ($p = 0.04$) in the women who gave birth to macrosomic newborns. In correlation analysis between newborn weight and maternal glycemic and lipid metabolism parameters, we found that there was a weak positive correlation between newborns weight of GDM mothers and maternal fasting glucose level at 24-28 WG ($r = 0.288$) and a weak negative correlation between maternal LDL-cholesterol level at 24-28 WG and newborn weight ($r = -0.251$). In logistic regression analysis the maternal fasting glucose level at 24-28 WG had an OR of 8.911 for macrosomia.*

Conclusion: *The maternal fasting glucose level at 24-28 weeks of gestation is the strongest predictor of macrosomia in the GDM group, thus with effective control of hyperglycemia we can prevent the occurrence of macrosomia and its complications.*

Keywords: *macrosomia, gestational diabetes mellitus, glucose level*



ECHOCARDIOGRAPHY IN TRICUSPID ATRESIA IN SECOND TRIMESTER

Adrian Valeriu Neacșu^{1,2}, Adina-Elena Nenciu¹, Iuliana Ceașu^{1,2}

¹“Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania

²Department of Obstetrics and Gynaecology, “Carol Davila” University of Medicine and Pharmacy, “Dr I. Cantacuzino” Hospital, Bucharest, Romania

Background: *Tricuspid atresia is a rare and severe congenital cardiac malformation, accounting for approximately 1–3% of congenital heart defects. It is characterized by the absence of a direct communication between the right atrium and right ventricle, leading to obligatory right-to-left shunting at the atrial level and underdevelopment of the right ventricle.*

Case Presentation: *We report the case of a fetus diagnosed with tricuspid atresia at 17 weeks of gestation. Fetal echocardiography demonstrated absence of tricuspid valve flow, a hypoplastic right ventricle, and dependence of pulmonary blood flow. No extracardiac malformations were identified. The diagnosis was confirmed on subsequent follow-up examinations, and detailed counselling was provided to the parents regarding prognosis. Amniocentesis was performed and normal karyotype results were obtained.*

Conclusion: *This case emphasizes the role of fetal echocardiography in the early detection of complex congenital heart disease such as tricuspid atresia. Accurate prenatal diagnosis not only facilitates parental counselling but also allows coordinated perinatal planning, which is essential to optimize neonatal outcomes and prepare for the surgical pathway required in these patients.*

Keywords: *echocardiography, tricuspid atresia, pregnancy*



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FETAL BRAIN DEVELOPMENT IN CORPUS CALLOSUM ANOMALIES – CASE REPORT

Adina-Elena Nenciu¹, Adrian Valeriu Neacșu^{1,2}, Iuliana Ceașu^{1,2}

¹“Carol Davila” University of Medicine and Pharmacy, 020021 Bucharest, Romania

²Department of Obstetrics and Gynaecology, “Carol Davila” University of Medicine and Pharmacy, "Dr I. Cantacuzino" Hospital, 020021 Bucharest, Romania

The corpus callosum is the commissural pathway connecting the two cerebral hemispheres. It's role in mediating interhemispheric integration of motor, sensory, and cognitive functions is perturbed in corpus callosum pathologies. The ontogeny involves coordinated neuronal proliferation, migration, axonal guidance, midline crossing, and myelination. The process begins in early gestation and develops into postnatal life. Aberrations in the development may lead to a spectrum of pathologies, including agenesis, hypoplasia, dysgenesis, or segmental dysmorphisms, often associated with variable clinical outcomes.

The clinical implications of callosal pathologies are broad: some anomalies may remain asymptomatic or minimally expressive, while others determine significant neurodevelopmental morbidity. The literature includes dates from diagnosis to management perspectives of fetal callosal anomalies with the aim to guide clinicians in prenatal counselling. Individual case reports continue to bring their contributions regarding associations, development and postnatal outcomes.

We present the cases of fetus with complete agenesis of corpus callosum diagnosed at 16 weeks. The fetus had associated bilateral hydronephrosis that started to develop from the first trimester. The aim is to present the development of the fetal brain throughout pregnancy, as this pregnancy was evaluated from the first trimester to 35 weeks. The importance of this presentation is the correlation of the evolution of the baby in the first 6 months of life.

Key words: corpus callosum agenesis, congenital malformation, brain development



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PATOLOGICAL MEDICAL CONDITIONS ASSOCIATED WITH STRESS AND ANXIETY IN PREGNANT WOMEN AN GYNECOLOGICAL PACIENTS

Liana Simina Niță¹, Elena Silvia Bernad^{1,2,3} Craina Marius^{1,2,3}

¹Center for Laparoscopy, Laparoscopic Surgery and In Vitro Fertilization, “Victor Babes”
University of Medicine and Pharmacy from Timișoara, Romania

²Department of Obstetrics and Gynecology, Center for Neuropsychology and Behavioral
Medicine, “Victor Babes” University of Medicine and Pharmacy from Timișoara, Romania

³1st Clinic of Obstetrics and Gynecology, Laparoscopy Research Center, in Vitro Fertilization and
Embryo Transfer “Pius Brînzeu” County Emergency Hospital Timișoara, Romania

Background: *Stress and anxiety are psychological factors that significantly influence overall health, affecting both daily life and the body's physiological balance. When it comes to pregnant women or women with gynecological conditions, these factors can contribute to the onset or worsening of medical conditions. The purpose of this study is to highlight the impact of stress and anxiety on certain medical conditions, as well as on recorded biological changes and laboratory parameters.*

Material and Methods: *The study included a group of patients who were assessed using self-assessment questionnaires for stress and anxiety (DASS-21) and medical tests to highlight biological changes. The study included pregnant women, postpartum women, and women with gynecological conditions. Statistical methods were used to analyze the data.*

Results: *The use of questionnaires together with biological data and patients' medical history showed that patients' health status is closely correlated with their emotional state. Inflammatory markers, cellular elements of inflammation, and other biological parameters undergo changes in the context of stress and anxiety.*

Conclusion: *Given the importance of emotional state on women's health and how it can be affected, we believe that any woman facing gynecological problems, as well as those who are or are about to become mothers, should be closely monitored from a medical and psychological point of view to prevent other medical conditions from developing. Through this questionnaire and a detailed medical history for all women, a problem could be identified early on, preventing it from developing.*

Keywords: *Psychological stress, Anxiety disorders, Gynecological pathologies, Postpartum period, Biological parameters*



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PREGNANT WOMEN'S PERCEPTIONS OF CHILDBIRTH PREPARATION

**Carla Pop¹, Elena Bernad^{1,2}, Brenda Bernad¹, Lavinia Hoge¹, Virgil
Enătescu^{1,2}, Marius Craina^{1,2}**

¹“Victor Babes” University of Medicine and Pharmacy from Timișoara, Romania

²“Pius Brînzeu” County Emergency Hospital Timișoara, Romania

³Timisoara Municipal Clinical Emergency Hospital, Timișoara, Romania

Background: *The research aims to analyze pregnant women's perceptions of general preparation for childbirth. Birth planning covers all the measures that ensure the optimal course of pregnancy and a smooth delivery. The main measures include prenatal counseling and informative courses on pregnancy and childbirth. The present study explores the positive and negative experiences of pregnant women in relation to visits to the obstetrician, prenatal courses and other women's experiences of childbirth.*

Material and Methods: *This study employs a questionnaire-based design utilizing the Pregnancy Experience Scale, a summative Likert-type instrument, administered in four phases. The questionnaire was distributed to pregnant women aged 18 years and older. Descriptive statistical methods were applied for data analysis.*

Results: *The questionnaire used facilitated the collection of data necessary for statistical analysis of positive and negative experiences of pregnant women. Following the application of the questionnaire, it was found that pregnant women experience mostly positive feelings related to visits to the obstetrician, prenatal classes and other women's birth stories.*

Conclusion: *Considering the importance of maintaining a positive perception of the mother during pregnancy and its impact on labor and delivery, we believe that preparing pregnant women for childbirth is highly important for a successful delivery. By applying the questionnaire that measures pregnancy-specific stressors to all pregnant women, it might be possible to identify women who experience negative feelings during pregnancy and facilitate prompt interventions.*

Keywords: *pregnancy, childbirth, obstetrician, prenatal, stress*



COMPLICATION RATE OF SUCTION CURETTAGE FOR FIRST-TRIMESTER SURGICAL ABORTION AT THE OBSTETRICS AND GYNECOLOGY CLINIC NARODNI FRONT IN BELGRADE

Aleksa Radojcic

The Obstetrics and Gynecology Clinic Narodni Front, Belgrade, Serbia

Background: *Induced abortion is the deliberate termination of pregnancy in a manner that ensures that the embryo will not survive. The safest and most effective method for terminating pregnancies in the first trimester is suction curettage. The benefits of suction curettage are the minimizing of blood loss, reduced risk of perforation of the uterus and a short procedure time. The most common complications include excessive bleeding, infections, uterine perforations and fever. The aim of this study was to evaluate the rate of complications of suction curettage at GAK Narodni front in Belgrade, Serbia.*

Material and Methods: *A retrospective study was conducted from January 2023 to June 2025. Demographic, medical and clinical data were recorded from the patient's medical history. Data was analyzed with IBM SPSS Statistics 22 using descriptive statistics.*

Results: *During this two-and-a-half-year period 1788 first trimester abortions were conducted, from which 1388 (77,63%) were suction curettage. The average age of the patients was 31,46 years. The majority of women were multiparas. The complication rate in this period was 0,02% . There were 19 cases suspected of retained products of conception (RPOC), of which 16 were confirmed after histopathological examination. The percentage of excessive uterine bleeding was 0,22%. One case of fever was recorded.*

Conclusion: *Suction curettage is a safe and effective way to terminate pregnancy in the first trimester with a complication rate. The main complication was the retained products of conception. Other complications included excessive uterine bleeding and fever.*

Keywords: *surgical abortion, suction curettage, complications*



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CLINICAL-SURGICAL ASPECTS IN PLACENTAL ABRUPTION

Lucian Șerbănescu^{1,2}, Sebastian Mirea²

¹Department of Obstetrics, Faculty of Medicine, Ovidius University of Constanta

²Department of Obstetrics, County Clinical Emergency Hospital "Sf. Ap. Andrei", Constanta,
Romania

Background: *Placental abruption is a major obstetric emergency characterized by premature detachment of the normally inserted placenta, often leading to severe maternal and fetal complications. This study aims to evaluate the clinical, surgical, and perinatal outcomes of placental abruption in young patients.*

Materials and Methods: *A retrospective analysis was conducted on 171 cases of placental abruption in patients aged 18-30 years, managed at the II Obstetrics-Gynecology Clinic, "Sf. Apostol Andrei" Constanța County Emergency Clinical Hospital. Data on maternal demographics, fetal outcomes, hematoma volume, anesthesia type, and surgical interventions were analyzed.*

Results: *Fetal mortality was 21.96% (38 out of 173 fetuses). Hematomas exceeding 500 ml were associated with severe clinical forms, high fetal mortality (>80%), and emergency hysterectomy in 84% of cases. A total of 17 hysterectomies were performed, often requiring adnexectomy. Prematurity was noted in 45.13% of cases, and 35.01% of fetuses weighed under 2500g. Spinal anesthesia was predominant (63.74%), while general anesthesia was reserved for severe cases (34.5%). Male fetuses were more frequently affected (55.5%), suggesting a potential hormonal or genetic susceptibility.*

Conclusions: *Placental abruption remains a critical obstetric emergency, with large hematoma volumes correlating with increased fetal mortality and radical surgical interventions. Early diagnosis and rapid intervention are key to improving outcomes. The predominance of male fetuses among affected cases opens future perspectives for research on gender-specific vulnerability factors.*

Keywords: *Placental abruption, retroplacental hematoma, obstetric emergency, hysterectomy, fetal mortality*



PREDICTION OF INTRAUTERINE GROWTH RESTRICTION AND PREECLAMPSIA USING MACHINE LEARNING-BASED ALGORITHMS

**Ingrid-Andrada Vasilache¹, Ioana-Sadyie Scripcariu¹, Demetra Socolov¹,
Robert-Leonard Bernad², Dragos Nemescu¹**

¹Department of Mother and Child Care, Grigore T. Popa University of Medicine and Pharmacy,
Iasi, Romania

² Faculty of Computer Science, Politehnica University of Timisoara, 300006 Timisoara,
Romania

Background: *Prenatal care providers face a continuous challenge in screening for intrauterine growth restriction (IUGR) and preeclampsia (PE). In this study, we aimed to assess and compare the predictive accuracy of four machine learning algorithms in predicting the occurrence of PE, IUGR, and their associations in a group of singleton pregnancies.*

Methods: *This observational prospective study included 210 singleton pregnancies that underwent first trimester screenings at our institution. We computed the predictive performance of four machine learning-based methods, namely decision tree (DT), naïve Bayes (NB), support vector machine (SVM), and random forest (RF), by incorporating clinical and paraclinical data.*

Results: *The RF algorithm showed superior performance for the prediction of PE (accuracy: 96.3%), IUGR (accuracy: 95.9%), and its subtypes (early onset IUGR, accuracy: 96.2%, and late-onset IUGR, accuracy: 95.2%), as well as their association (accuracy: 95.1%). Both SVM and NB similarly predicted IUGR (accuracy: 95.3%), while SVM outperformed NB (accuracy: 95.8 vs. 94.7%) in predicting PE.*

Conclusions: *The integration of machine learning-based algorithms in the first-trimester screening of PE and IUGR could improve the overall detection rate of these disorders, but this hypothesis should be confirmed in larger cohorts of pregnant patients from various geographical areas.*

Keywords: *pregnancy, intrauterine growth restriction, preeclampsia, screening, machine learning-based algorithms*



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INTERVENTION CENTER FOR VICTIMS OF SEXUAL VIOLENCE WITHIN THE INTEGRATED OUTPATIENT CLINIC OF THE *PIUS BRÎNZEU* COUNTY EMERGENCY CLINICAL HOSPITAL, TIMISOARA

**Mirona Ioana Marcu¹, Cristina Claudia Vasilian³, Anca Livia Panfil³,
Elena Bernad^{2,4}, Brenda Cristiana Bernad², Simona Tămășan¹**

¹Integrated Outpatient Clinic, Pius Brînzeu County Emergency Hospital Timișoara, Coordinator
of the Intervention Center for victims of sexual violence.

²Victor Babes University of Medicine and Pharmacy Timisoara

³Liaison Psychiatry Department, Pius Brînzeu County Emergency Clinical Hospital Timișoara

⁴Department of Obstetrics and Gynecology, Pius Brînzeu County Emergency Clinical Hospital,
Timișoara

Background: *The Intervention Center for Victims of Sexual Violence has been operating since 2022. It was established by the National Agency for Equal Opportunities between Women and Men (ANES), within the project "Support for the Implementation of the Istanbul Convention in Romania", developed through the Norwegian Financial Mechanism 2014-2021. The center in Timisoara, a multicultural city, serves a population with complex social dynamics and vulnerable categories (young people with parents working abroad, teenage or single mothers, single elderly people, etc.).*

Material and Methods: *Analysis of the particularities of the cases that were addressed to us directly.*

Results: *Sexual abuse coexisted with either emotional abuse, physical abuse, or both, and in one case with economic abuse, in all 15 victims of sexual abuse – 14 women and 1 man, aged between 18-69. The psychiatric comorbidities identified, associated with sexual abuse, were: post-traumatic stress disorder, depression, anxiety, anorexia nervosa and alcoholism. Significant somatic comorbidities – multiple sclerosis and pancreatitis, were present in two cases. With one exception, represented by the rape of an elderly person by a stranger, in all other cases the aggressor was a known person (colleague, neighbor), a friend or a relative. The recorded comorbidities support the motivation for establishing such a structure within the hospital - an integrated approach to the issue of sexual violence, with easy access to available medical services (psychiatry, obstetrics-gynecology, other medical and surgical services, etc.), along with psychological counseling and social services.*

Conclusion: *Sexual violence - any act with a non-consensual sexual connotation, represents a sensitive but still underreported social problem. The causes are related to personal factors (fear,*



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shame, despair, distrust) and social factors (lack of access to specific services or inertia of the authorities, the approach of victims in the justice system), but also to social attitudes and beliefs (gender stereotypes, re-traumatization, with the victim being under pressure to prove that they are a "real" and "credible" victim). The challenges of sexual violence are numerous, but by establishing the center, an important step was taken in interdisciplinary and interinstitutional collaboration, thus allowing victims to benefit from protection and immediate access to help in an accessible and secure space.

Keywords: *sexual violence, integrated services, multidisciplinary team*



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LIAISON PSYCHIATRY AND OBSTETRICS COLLABORATION

Cristina Claudia Vasilian, Anca Livia Panfil, Simona Claudia Tămășan

Department of Liaison Psychiatry, Pius Brînzeu Emergency Clinical County Hospital,
Timișoara, Romania

Background: *The quality of maternal care determines not only physical, but also cognitive, emotional and behavioral development throughout childhood. Maternal mental health disorders significantly impact child development and attachment security. Maternal depression and personality disorder are associated with mother-infant relationship quality and vulnerable parenting style. Exposure to maternal psychotic disorders significantly decreases cognitive and motor development at 3 and 6 months. Maternal mental retardation is associated with an increased risk for child abuse and neglect, accidental trauma, hospitalization and even death. The children also face a higher prevalence of mental health problems and developmental delays. The available evidence on mental health problems among postpartum women in Romania is limited, which affects the development of appropriate interventions.*

Material and Methods: *Our paper presents a series of cases referred for psychiatric consultation from the obstetrics department.*

Results: *The most common reason for referral was concern about the safety of the newborn. The diagnosis of mental retardation was the most common among the postpartum patients evaluated. In addition to psychiatric aspects, insufficiently clarified medico-legal and administrative issues have come to light.*

Conclusion: *It is crucial for maternal mental health to be assessed and supported, especially during pregnancy and the postpartum period. Collaboration with the liaison psychiatry service can increase the quality of care for obstetric patients.*

Keywords: *maternal mental health, liaison psychiatry*



SUCCESSFUL PREGNANCY FOLLOWING BREAST CANCER TREATMENT IN A 30-YEAR-OLD WOMEN – CASE REPORT

Maria Videnie^{1,2}, Cristian Viorel Poalelungi^{1,2}, Iuliana Ceașu^{1,2}

¹“Carol Davila” University of Medicine and Pharmacy, 020021 Bucharest, Romania

²Department of Obstetrics and Gynaecology, “Carol Davila” University of Medicine and Pharmacy, "Dr I. Cantacuzino" Hospital, 020021 Bucharest, Romania

Background: *Fertility preservation and pregnancy after breast cancer treatment are major concerns among young survivors. Historically, pregnancy following breast cancer was discouraged due to fears of recurrence or maternal-fetal complications. However, recent evidence supports the safety of pregnancy in well-selected patients who have completed curative treatment.*

Case presentation: *The paper present the case of a 30-year-old woman diagnosed with invasive ductal carcinoma of breast. The patient underwent standard oncologic treatment, including surgery, oncologic treatment, and adjuvant therapy, with close multidisciplinary follow-up. One year after completing treatment, she conceived spontaneously. The pregnancy course was uneventful, with no obstetric or oncologic complications. She delivered a healthy, full-term infant via c-section. Both mother and child remain in good health at follow-up.*

Discussion: *This case highlights the possibility of successful conception and healthy pregnancy outcomes after breast cancer treatment in young women. Careful patient selection, coordination between oncology and obstetrics teams, and individualized counselling regarding timing and safety of conception are essential.*

Conclusion: *Pregnancy after breast cancer can be safe for both mother and baby when managed within a multidisciplinary framework. This case reinforces the importance of fertility discussions and individualized reproductive planning as integral components of survivorship case.*

Keywords: *breast cancer, pregnancy after cancer, fertility preservation*

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