SUPPLEMENT TO

JMIG The Journal of Minimally Invasive Gynecology

November/December 2017 • Volume 24 Number 7, Supplement

ABSTRACTS OF THE

46th AAGL Global Congress on Minimally Invasive Gynecology

Scientific Program Chair
Sawsan As-Sanie, M.D.

Honorary Chair
Arnaud Wattiez, M.D.

President
Jon I. Einarsson, M.D., Ph.D., MPH

November 12-16, 2017

Gaylord National Resort and Convention Center
National Harbor (Greater Washington, D.C.)

2017 Award Winning Abstracts & Videos

AAGL
ELEVATING GYNECOLOGIC SURGERY

We looked at a new and innovative treatment for the pudendal neuralgia component of the patient's chronic pelvic pain utilizing amniotic fluid injections at the level of Alcock's canal to determine if this would help the patient's pelvic pain.
Design: A retrospective chart review study was conducted in 64 patients presenting with a pudendal neuralgia component to their CPP who were treated with a transvaginal wall injection of an an FDA regulated amniotic tissue product that has immunomodulatory activity.
Setting: The charts of 64 patients who underwent injection of amniotic fluid to the pudendal nerve at Alcock's canal in a single practice office were analyzed for response rate.
Patients: 64 patients with chronic pelvic pain who had a component of pudendal nerve neuralgia as a part of their pain were injected with the amniotic fluid.
Intervention: Injections of commercially prepared amniotic fluid were injected around the pudendal nerve at the level of Alcock's canal.
Measurements and Main Results: Review of charts was performed to determine response rate and the extent of response.
Conclusion: In this study we demonstrate that treatment of women with CPP having a pudendal neuropathy component using a commercially available and novel amniotic tissue product with immunomodulatory activity resulted in complete to moderate pain relief in almost 90% of patients treated. Considering the well known difficulty in treating CPP patients, this study opens a new therapeutic option that is effective in the majority of qualifying CPP patients.

531 Virtual Posters – Session 3 (9:45 AM - 10:45 AM)

10:33 AM – STATION E

Treatment with Radiofrequency in Patients with Chronic Pelvic Pain and Endometriosis: Pilot Study

Rius M, Gracia M, Martinez-Zamora M-A, Perez A, Carmona F. Institut Clinic of Gynecology, Obstetrics and Neonatology, Hospital Clinic, Barcelona, Spain

Study Objective: Managing chronic pelvic pain in patients with a past history of endometriosis might be a challenge for the gynaecologist.
The objective of this study was to evaluate pelvic pain after treatment with radiofrequency in patients with chronic pelvic pain and surgery for endometriosis.
Design: A prospective study was designed. The duration of the study was eight weeks and the follow-up was one month after treatment.
Setting: The study took place in a tertiary referral centre.
Patients: Ten patients were enrolled in the study. All of them had chronic pelvic pain and previous surgery for endometriosis. At the moment of inclusion, there was no evidence of an active disease (imaging and laparoscopy confirmed) and other causes of chronic pelvic pain were dismissed.
Intervention: Before starting the treatment, patients answered the Short Form 36 Health Questionnaire (SF-36), the Brief Pain Inventory and the VAS score. The treatment consisted in eight sessions of one hour per week. At the beginning and at the end of each session, VAS score was obtained. At the end of the eighth session, the SF-36 Health Questionnaire, the Brief Pain Inventory and the VAS score were answered again. The same setting was repeated one month after.
Measurements and Main Results: Mean age of patients was 32.8 years. All patients were under treatment for chronic pelvic pain without a correct control. Statistically significant differences were found at the beginning of the treatment and at the end in the VAS score ($p = .03$), the SF-36 ($p = .049$) and the Brief Pain Inventory ($p = .023$ for intensity and $p = .034$ for interference with daily activities).
Conclusion: Although it is not a randomized clinical trial, this study shows that radiofrequency could be an alternative treatment for these patients with chronic pelvic pain and a past history of endometriosis. A randomized clinical trial is now conducted in our centre to confirm these findings.

532 Virtual Posters – Session 3 (9:45 AM - 10:45 AM)

10:33 AM – STATION F

Ulipristal Acetate and Pelvic Pain

Scattolon SA, Bullen A, Leyland NA. Obstetrics & Gynecology, McMaster University, Hamilton, Ontario, Canada

Study Objective: Ulipristal acetate (UPA) is a selective progesterone receptor modulator (SPRM) that has been available in Canada for the treatment of symptomatic uterine fibroids. Anecdotally, patients on UPA with pelvic pain have noted improvement in pain symptomatology, and small case series have noted similar outcomes with use of other SPRMs. This study seeks identify if there is a relationship between UPA and pelvic pain.
Design: Retrospective chart review of patients followed in a specialty gynecology clinic.
Setting: McMaster University Medical Centre, a tertiary care specialty gynecology clinic in Hamilton, Ontario, Canada.
Patients: Diagnostic codes for menorrhagia, abnormal uterine bleeding and endometriosis were used to identify 755 charts from June 2013 to May 2016 and these were all reviewed to identify patients on UPA with concomitant pelvic pain. 27 patients met study criteria and were included in the final review.
Intervention: n/a.
Measurements and Main Results: The mean age was 38 years and most patients had 3 months of UPA 5 mg daily. They experienced dysmenorrhea, endometriosis, or pelvic pain.
Eighteen women characterized their pre-UPA pain, all of which were of moderate to severe intensity. Of these patients, 89% noted improvement or resolution of pain with UPA, one found no change, and one described mixed results. Ten of these women underwent surgery, and nine had pathology showing adenomyosis, endometriosis or both.
Nine women did not rate their pre-UPA pain, but 67% endorsed improvement or cessation of pain while on UPA, one noted no difference, and two complained of worsening pain.
Fifteen women described their analgesia use, and 87% reported less or zero analgesia requirements during UPA, whereas two women noted no change.
Conclusion: Despite the limitations of a small retrospective study, this series lends support that UPA may have a role in reducing pain in women with endometriosis, adenomyosis and other concurrent pelvic pathology. Further large scale randomized studies are required to support this finding.

533 Virtual Posters – Session 3 (9:45 AM - 10:45 AM)

10:33 AM – STATION G

Ultrasound Guided Peripheral Nerve Blocks for Patients with Chronic Vulvar Pain

Banks E.[1] Atashroo D[2]. [1]University of Chicago Hospital, Chicago, Illinois; [2]NorthShore University Health Systems, Evanston, Illinois

Vulvodynia is characterized by burning vulvar/vaginal pain of at least 3 months duration that occurs in the absence of any clinically identifiable infection, neoplasia, inflammation or neurogenic disorder. Classification of vulvodynia is based on the site of the pain (generalized, localized or mixed). It can occur with provocation or spontaneously. Treatment options include vulvar hygiene changes, medical management, physical therapy and cognitive behavioral therapy.
More invasive treatments (botox injection, nerve block, and surgery) can be offered for those patients that have either failed medical therapy or didn't tolerate the side effects. For a highly sensitized vulvar patient, nerve block offers a less invasive treatment option compared to surgery.
This video will demonstrate a novel approach to treating a patient with chronic vulvar pain who has failed traditional conservative therapy options. We will review the relevant vulvar and perineal neural anatomy and the supplies needed to perform these blocks.