

Editors' Highlights

The February *Editors' Highlights* is an excellent opportunity to make you aware of the 20th European Congress of Obstetrics and Gynaecology that will take place on 4–8 March 2008 in Lisbon, Portugal. It is the former EAGO congress now organized by the European Board and College of Obstetrics and Gynaecology (EBCOG). Professor Dunlop, the congress president and President of EBCOG and of the Union Européenne des Médecins Spécialistes (UEMS) Section of O & G, says: “*The Congress will bring you up to date information about all aspects of obstetrics and gynaecology. All of the major European specialist societies will contribute to the programme. There will be lectures from some of Europe's foremost experts. There will be hands-on sessions where you can learn new techniques. There will be scientific sessions to keep you up to date with the latest advances. Best of all, there will be hundreds of your colleagues from all over Europe so that you can exchange ideas and compare experiences.*”

The congress starts on Tuesday March 4 with a plenary session on multiple pregnancy and continues on Wednesday with workshops representing all subspecialties of obstetrics and gynaecology. The plenary sessions on the following days are arranged with no parallel sessions, so that the congress visitor is not forced to decide which to attend. This arrangement will give the participant a chance to get informed about all special topics important for our discipline. In addition, the European Network of Trainees in Obstetrics and Gynaecology (ENTOG) has organized an exchange of trainees from European countries in Portuguese hospitals and will present their impressions and experiences during the congress. For each obstetrician and gynaecologist it is worthwhile to visit the congress.

Review: This issue starts with two reviews, one of practical interest, the other giving insight into the role of leptin from conception to delivery. In the first review, by Gollub and colleagues from Bordeaux, France, (page 137) the European Toxoprevention Study Group report a literature search on the effectiveness of health education regarding toxoplasma-related knowledge, behaviour and risk of sero-conversion in pregnant women. The studies which fulfilled the inclusion criteria came from Belgium, Poland, Canada and France. Belgium reported a significant decrease of toxoplasma seroconversion after introduction of intensive counselling; increased knowledge was reported from Poland and Canada

but no significant change was observed for France. There is evidence that health education approaches may help to reduce the risk of congenital toxoplasmosis but the authors conclude that there is a need for further studies using more rigorous research design and methodology.

The second review, by Grisar-Granovsky and colleagues from Jerusalem (page 146), focuses on leptin, the secretory product of the adipose cell, discovered in 1994 by the molecular biologist Jeffrey Friedman. The authors describe the role of leptin in connection with ovulation and in normal and complicated pregnancy. In a related article, Kulik-Rechberger and colleagues from Lublin, Poland, (page 210) report on leptin gene expression in subcutaneous adipose tissue in girls before and during puberty. This neuroendocrine hormone deserves further attention possibly also in looking at fetal programming by the mother during pregnancy.

Obstetrics and Maternal Fetal Medicine: Anti-Kell alloimmunization in pregnancy is a rare disease. It occurs in 1/1000 of all pregnancies, equivalent to 29% of all alloimmunizations capable of causing haemolytic disease of the newborn. On page 151 Santiago and colleagues from Granada, Spain, report 10 pregnancies with anti-Kell antibodies. In three cases in which the antigen was confirmed in the fetus there was moderate to severe fetal anaemia. With the application of new techniques, e.g. umbilical cord puncture and intrauterine transfusion, all fetuses could be treated successfully.

The causes of recurrent pregnancy loss (RPL) are not well known. Non-HLA-specific anti-paternal antibodies (APA) are cytotoxic and are directed against paternal HLA haplotypes located in the placenta. Rogenhofer and colleagues from Munich, Germany, compared two methods (flow cytometric cross match (FCXM) and One Lambda Antigen Tray Test (OLATT)) to investigate APA in 92 patients with two consecutive miscarriages before the 20th week of gestation (page 155). The authors concluded that OLATT could be used for further screening of patients with RPL for anti-paternal antibodies and new methods of treatment could be evaluated.

Oxygen consumption of the fetus decreases if the uterine blood flow falls below a critical level of 80–100 ml/kg/min. At this limit fetal oxygen saturation (FSpO₂) is about 30%. Csitari and colleagues from Salgotarjan, Hungary (page 160) investigated 52 fetuses with an FSpO₂ <30% and 249 fetuses with an FSpO₂ of >30%. They found that the umbilical artery pH was significantly lower in cases with low

SpO₂ and made an exciting observation regarding the duration of SpO₂ below 30%: if the time interval between measurement and delivery did not exceed 32 min no fetal acidosis occurred. It would, however, be interesting to learn more about the association with fetal heart rate abnormalities during the respective time.

Induction of lung maturation by the application of corticosteroids to the mother has become a routine measure in cases of prematurity. Baytur and colleagues from Manisa, Turkey (page 171) investigated in a rat model the additional impact of granulocyte-macrophage colony-stimulating factor (GM-CSF) on lung development. Both dexamethasone and GM-CSF led to significant increases in fetal lung bronchial area and eNOS expression in airway epithelium. This early eNOS expression may be the key mechanism for early lung maturation.

Pregnant patients undergoing chronic dialysis are at high risk. Chou and colleagues from Taipei, Taiwan (page 165) observed 10 cases and reported 117 cases with hemodialysis and 14 cases with abdominal dialysis. The overall rate of successful pregnancy was 70.9% in patients with hemodialysis and 64.2% in patients with peritoneal dialysis. The authors' conclusion was that outcome of pregnancy with dialysis has improved considerably over the past years.

The results of a study on pain experience during chorionic villus sampling and amniocentesis from Vandenbossche and colleagues from Bordeaux, France, (page 189) provide a valuable piece of advice. Use a 20 gauge needle for sampling: it will deliver acceptable results and is better tolerated by the patients.

Reproductive Medicine and Endocrinology: Endometriosis of the genital tract has attracted many researchers to investigate the causes and respective methods of treatment, since 10–15% of all women of reproductive age will develop this disease. Jingting and colleagues from Changsha, China, (page 199) investigated the expression of heparanase (Hpa) and angiopoietin-2 (Ang-2), a protein with angiogenic properties, in endometriosis. The rate of expression of Hpa and Ang-2 was significantly higher in ectopic and eutopic endometrium from patients with endometriosis than in normal endometrium from controls. Both may play an important role in the development of endometriosis. In this context the observation by Loverro and colleagues from Bari, Italy (page 194) is of special interest. Thirty patients with stage III-IV endometriosis were treated with triptorelin depot 3.75, and 30 patients received placebo and served as controls. Pelvic pain persistence or recurrence, endometrioma relapses and pregnancy rates were evaluated during a 5-year follow up. There was no difference between the groups, leading to the conclusion that expectant management is justified in these cases after operation. Quereda and colleagues from Alicante, Spain (page 243) report promising results in the treatment of experimental endometriosis in a rat model with the intraperitoneal application of interleukin-2 from the rat or the human. Further studies have to be conducted to show whether it can also be applied in humans.

Gynaecology and Gynaecological Oncology: As is generally known, the recurrence rate of surgically treated carcinoma of the cervix is related to the stage and aggressiveness of the tumour. The biological behaviour of the two histological types, adenocarcinoma (AC) and squamous cell carcinoma (SCC), however, is not well known. This has been investigated by Fregnani and colleagues from Sao Paulo, Brazil (page 215) in 35 cases of AC and 203 cases of SCC. Multivariate analysis identified three independent risk factors for recurrence: presence of metastases in the pelvic lymph nodes, invasion of the deep third of the uterine cervix and absent or slight inflammatory reaction. The AC group showed less aggressive histological behaviour.

Early diagnosis of breast cancer is obligatory to improve the survival rate. Ildefonso and colleagues from Gijon, Spain (page 224) analysed the mammographic appearances in 411 patients with infiltrating ductal carcinoma of the breast and tried to relate this to clinico-pathological parameters, biological features and prognosis. They created five radiographic subgroups. The B-Type pattern with diffuse changes with or without suspicious micro-calcifications was found in a high percentage of premenopausal women and those with larger tumours, positive nodes, poor differentiation or high S-phase fraction. It was related to a higher risk of relapse. Mammographic findings may give useful additional information on prognosis.

Wound infection after hysterectomy is an indicator of process quality of a surgical unit. Molina-Cabrillana and colleagues from Gran Canaria, Spain (page 232) investigated 1540 women undergoing hysterectomy between June 2000 and December 2004. Eighty-one cases met the criteria of postoperative surgical infection, 6% following the abdominal and 3.1% following the vaginal procedure. Not surprisingly, patients classified as high risk according to the National Nosocomial Infection Surveillance system had higher infection rates. The main risk factors were obesity, inadequate antimicrobial prophylaxis and abdominal procedures.

Gynaecological Urology: Meshes are at present widely used for surgical repair of genital prolapse. Nauth and Fünfgeld from Tettngang, Germany (page 249) used the anterior transobturator mesh for correction of cystocele in 85 women. Urinary stress incontinence was cured in 83.3%. Among sexually active women 27% reported improvement in intercourse whereas 24.3% had a change for the worse. These cases should be carefully looked at to find out the causes of the failure. The material of meshes seems to have a negligible influence as tested in a rat model by Boulanger and colleagues from Lille, France (page 254). They tested three kinds of mesh with and without bacterial inoculation and found no differences in terms of collagen deposition. Inoculated meshes had a higher rate of inflammation, but only at day 7.