
Letter from the Editor:

Dear colleagues,

very interesting subjects are included in this edition. No sufficient evidence to recommend HSG as a first-line diagnostic tool for cesarean scar niche. However, in healthcare settings without ready access to hysteroscopy HSG may serve as an acceptable alternative as it is well-tolerated, cost-effective, less invasive and doesn't require special training rather than hysteroscopy, but hysteroscopy is still the valuable gold standard for detecting high-probability patients, even asymptomatic. Outpatient management of patients with PPROM is safe approach which can be adopted particularly in low-risk patients. Implementation of a perioperative surgical site infection prevention bundle was associated with a marked reduction in surgical site infection rate in patients undergoing gynecological oncology surgeries. Intraoperative placement of non-hormonal copper IUDs during caesarean delivery is a safe and effective contraceptive option with comparable complication rates to postpartum insertion. While hemoglobin levels were lower in the intrapartum group, overall outcomes support the feasibility and utility of this approach in clinical practice. Heart diseases in mothers are not absolute contraindications for pregnancy, but there were associated with serious outcomes on both the mothers and offsprings. The non-rheumatic heart diseases (mainly CHD) are associated with worse outcomes compared with the mothers with RHD. Surgical removal of endometriomas was associated with a significant decline in ovarian reserve. The decline in AFC and AMH was independent of other patient-related factors but for preoperative AMH, which affected post-operative AMH levels significantly. Patient Controlled Analgesia was better than TAP block since it covered visceral discomfort. In addition, Patient Controlled Analgesia may be administered without much difficulty, while transversus abdominis plane block requires further training as well as an intraoperative ultrasound equipment.

Best regards.

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