Obstetrical & Gynaecological Society of Malaysia

The OGSM newsletter

Volume 2006 / 2007 Issue 2 March 2007

THE OGSM COUNCIL, SUBCOMMITTEES & STATE COORDINATORS

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The President's Message

Year 2006 just flew by and in a flash almost the first quarter of 2007 will leave us. Some of us managed to take stock of our lives and assessed our achievements or the lack of it. Some are pleased with the results while others may think otherwise. Unreasonable expectations may cause a dilemma, and such is life, and one has to learn to be contented. Personally even having; passed the half century mark, age wise, more than a year ago, I feel there are still more that needs to be done.

By the time this Newsletter reaches you, we would have celebrated the Chinese Lunar New Year. On behalf of the Council, I wish the very best to all and may prosperity flood into your lives and practice.

The Council had met 8 times to-date and many pertinent and sometimes difficult issues were discussed. This usually revolves around CME activities, request for financial support and occasionally complains. Replies and decisions are based on consensus of all members of Council.

The XVIII FIGO World Congress concluded successfully in November 2006. Many of you attended the Congress and a first to some. The World Congress was a success in every measurable terms. The preceding anxieties and the occasional negative remarks were quickly

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dispelled very soon once the Congress began. I will not say more on this as the results have already proven that OGSM is capable of hosting a mega Congress. Samples of compliments are included in this Newsletter together with samples of photos taken at some of the events. During the Congress, the very first complaint that I received personally came from a senior OGSM member on the second day. He was unhappy that he missed the Opening Ceremony.

One of the most prominent activities during the World Congress was the International Fellowship Programme. The idea was first mooted in 1999 when the then OGSM's Bidding Committee was trying to create a Bid Document different from the rest of the bidding cities. We grandly make a promise that if Kuala Lumpur is selected, OGSM will sponsor a certain number of Obstetricians & Gynaecologists from the under developed regions to visit Malaysia and be trained and familiarise themselves with the Ministry of Health concept of Maternal and Child Health Clinics. Malaysia has achieved great success in reducing MMR and PNMR and has been quoted by the World Bank and WHO as having the most cost effective methods in achieving these reductions.

This promise was kept to the letter and with the support from MOH and the Economic Planning Unit, 42 doctors were selected from a total of 310 applicants. These 42 doctors spent a total of two weeks in Malaysia during which they were taken through a very structured programme created by Dato' Dr Narimah, Dato' Dr Alex and their team. The second week was reserved for them to attend the World Congress. As the Director General of MOH, Tan Sri Datuk Dr Ismail Merican concluded at the closing of the programme, "it was money well spent". OGSM now has 42 very close friends and supporters globally and this may be useful in future support!

Apart from the excellent fellowship, networking and cultural extravaganza, a successful congress has always been associated with income. I am happy to report that OGSM was able to make a decent profit and details will be available at the next AGM.

The income received has boosted OGSM's good and sound financial standing and I see it as my role to ensure that the asset is managed carefully to ensure continued stable financial footing. Careful planning will ensure prosperity to OGSM and will take care of CME activities for generations to come. With this in mind, and with Council's approval, a meeting of Past Presidents was held on 3rd March 2007 and the responses had been very good. The aims of this brainstorming session include finding the best way to manage our assets and ascertain future directions to ensure the society remained focused and relevant. We must build on our strength which may eventually lead to being consulted on all issues related to women's health. The MOH has always consulted us on many issues and by being prominent, the Society's opinions will always be valued.

Whatever recommendations that may come out from the Past President's meeting will be presented at the AGM and eventually the directions and recommendations of the AGM will rule supreme.

The close link between the Society and the I.S. Puvan OBGYN Foundation continue to prosper and many activities are jointly organised. The postponed Charity Fun Walk, which was initially planned during the World Congress, was held on Sunday, 11th March 2007 at Taman Tasik Titiwangsa, Kuala Lumpur. The event was organised in conjunction with the International Women's Day.

The President Elect, Dr Selva, and his team are currently busy planning this year's Annual Congress. Dr Selva has injected new ideas in the Scientific Programme and I'm sure all of you will support the event.

Finally, having served the Society continuously in various capacities since 1990, I dare say the Society has come a long way and richly deserved the status we have acquired. I pay tribute, to all who worked hard and contributed immensely to the Society, their self-less effort of working in the background while others basked in the limelight is indeed exemplary, and I thank these individuals from my heart.

Finally, I hope to meet up with all our members in the coming Annual Congress.

Thank you.

Dr Abdul Aziz Yahya
President, 2006/2007

Secretary's Message

Hi dear friends! We meet again through this first newsletter of the year. The year 2006 was an eventful year as far as the O&G calendar is concerned. Who can ever forget the XVIII FIGO Congress at the Kuala Lumpur Convention Center held in November 2006? Most of us were there to attend the greatest O&G show on earth. And I am sure that all of you who were there agreed that we hosted the best ever FIGO Congress, that all of us and the delegates from the rest of the world will never forget. In case you have forgotten the Congress already, I have put up some of the photographs that were taken during the Congress, in this Newsletter. For those of you who missed the FIGO Congress for whatever reason and those of you who did attend the Congress and are looking for more, then the 17th OGSM Congress is the one congress that you would want to attend for this year. This will be held at the Shangri-La Hotel, Kuala Lumpur from 31st May-3rd June 2007. Dr Sevellaraja, the President-Elect and his team are in the midst of organizing an excellent Congress which promises to be different from the previous OGSM Congresses. This is one OGSM Congress that you might want to spend the whole time sitting in the lecture halls listening to interesting talks given by experts in their fields, instead of sitting at the trade exhibition booths and the hospitality suite the whole day. This year we will see some new interesting scientific sessions which were never there before, such as the Meet the Expert Sessions (a round table discussion between the delegates and the experts) and video presentations by the delegates on cases and procedures that they had seen and would like to share with others.

Meanwhile, an update on the other activities that have taken place over the last few months:

- **Pap Smear and Health Screening Campaign in Tapah, Perak**
  This was held in Jalan Tapah-Cameroon Highlands on 27/01/2007 at an Orang Asli Village. Around 280 Orang Asli women and children attended this event, which was organised by the O&G Department of Ipoh Hospital, Jabatan Kesihatan Tapah, the Lions Club of Tapah and MCA Tapah.

- **Second Maternal Fetal Medicine Interest Group Meeting**
  This is the second meeting that this group has had over the last one year. It was held on 24-25/02/2007 in Seremban. Around 24 participants attended the meeting. A few MFM cases were discussed and some views on current management of difficult MFM cases were exchanged. The group also felt that it was time that we reviewed the Health Technology Assessment report on the role of Misoprostol in pregnancy (especially the use in second trimester termination of pregnancy). A special thanks to Dr Kalavathy and Dr Krishna Kumar for organizing this meeting for the group.

- **Past Presidents' Forum on the Long Term Plan for the OGSM**
  This forum was held in Dr Abdul Aziz's residence on 3/03/2007. It was attended by some of the OGSM Past Presidents and the current OGSM Council Members. The forum was more of a brainstorming session on which direction the OGSM should be going in the future. The Past Presidents gave ideas on how the OGSM can safe guard its financial interests for the current and future OGSM members.

- **DK Sen Memorial Travelling Lectureship – visit by Dr Abdul Aziz Yahya to Ipoh Hospital**
  Dr Aziz Abdul Yahya, the recipient of this year's DK Sen Memorial Travelling Lectureship kicked off his lectureship tour by doing a two day (8 & 9 March 2007) visit to Ipoh Hospital. He did some teaching sessions with O&G doctors and performed a surgery on a patient with ovarian cancer. He also gave a talk on the "Controversies in the Management of Gynecological Cancers" to the O&G doctors of Perak.

- **Perak OGSM Fellowship Night**
  This annual event was held at the Heritage Hotel on 9/03/2007. It was attended by around 60 doctors from all over Perak. We were lucky to have Dr Abdul Aziz Yahya, the President of the OGSM as the guest speaker for this event.

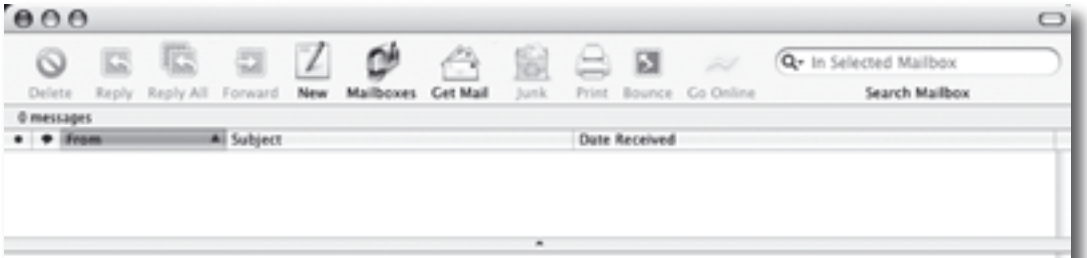
- **Office Gynaecology Symposium**
  The OGSM Office Gynaecology Subcommittee organised a Symposium on 10/03/2007 at the Heritage Hotel, Ipoh. It was attended by around 180 participants (doctors and nurses) from all over Perak.

- **Walking Tall 2007 in Conjunction with the International Women's Day**
  A non-competitive Fun Walk was jointly organised by the I.S. Puvan OBGYN Foundation & OGSM on 11/03/2007. The event was aimed at increasing community awareness on women's health. The Minister of Youth & Sports, YB Datuk Azalina Binti Dato' Othman Said officiated at the event. The event attracted more than 450 participants. Following the walk of 3 km around Taman Tasik Titiwangsa, participants were provided with a free general health screening. There was also a mini exhibition on the activities of the Foundation and information relating to women's health.

Finally, let me sign off by wishing all our Chinese colleagues a belated "Happy & Prosperous Chinese New Year" and I hope to see you at the 17th OGSM Congress in Shangri-La Hotel, Kuala Lumpur (please note that this year I will be in the lecture halls and not hanging around at the booths and the hospitality suite!).

Dr Japaraj Robert Peter
Hon Secretary

Complimentary Messages



From: Dr. Arnaldo Acosta
To: khaziz@pd.jaring.my
Sent: Wednesday, 15 November, 2006 9:16 PM
Subject: Congratulations

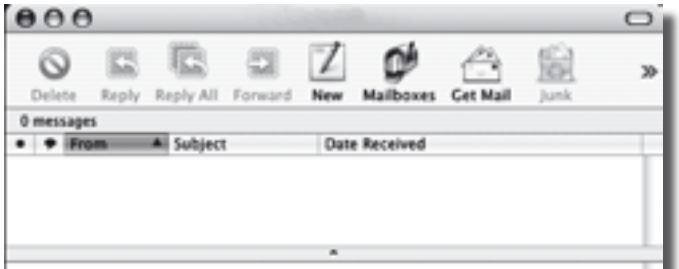
Dear friend Aziz:

Back home I am writing you few lines, first to congratulate you and your Committee for the excellent Congress organized in Kuala Lumpur. As I mentioned at the Gala dinner this was, if not the best Congress ever organized by FIGO, one of the best ones. And this is the result of your efforts and your dedication to have a successful congress.

I also want to thank you and your lovely wife, for all the attentions that we received, both Stella and me. Lovely dinner at your beautiful house, excellent dinner we enjoyed.

Again, thanks for all, and hope to see you in London soon.

Warmest regards
Arnaldo



From: Dr. Shirish Sheth
To: Abdula Aziz Yahya
Sent: Tuesday, 14 November, 2006 3:41 PM
Subject: FIGO Congress - November 2006

Dear Dr. Abdul,

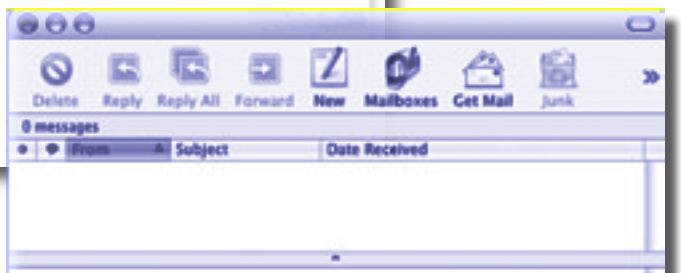
I am sure you must be a happiest colleague from Malaysia.

Congratulations for giving FIGO a memorable congress. I am sure Mrs. Yahya must be more pleased for your now returning home and it's routine.

Special thanks for the beautiful stamps, commemorating 2006 FIGO congress at Kuala Lumpur.

With best wishes,

Dr. Shirish Sheth



From: "Anat J. Allal" <a-allal@northwestern.edu>
To: <khaziz@pd.jaring.my>
Sent: Thursday, 30 November, 2006 2:29 AM
Subject: FIGO Congress

Nov. 29, 2006

Dear Abdula,

Thank you very much for your gracious hospitality in Kuala Lumpur.

The FIGO Congress was a huge success and you and your team deserve a lot of credit, however, I am sure you are glad that it is now over.

The FIGO stamps were really unique and I appreciated the packet that you gave me as a gift.

Please keep in touch.

Best regards,
Jack

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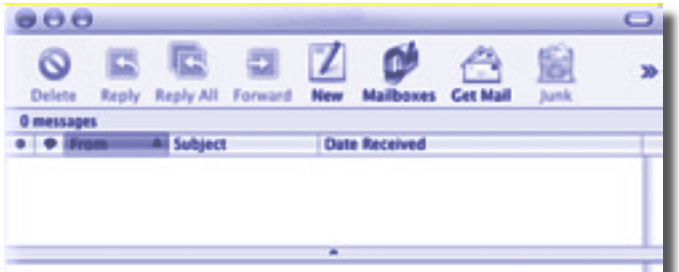
Complimentary Messages



From: Gamal Serour
To: khaziz@pd.jaring.my; ogsm@po.jaring.my
Sent: Tuesday, 14 November, 2006 8:43 PM
Subject: Thank you

Please forward this email to:

Chairman, FIGO Conference 2006
Dr Abdul Aziz Yahya

Dear Aziz,

As I returned back to Cairo, I would like to sincerely thank you for your overwhelming hospitality and having us all to enjoy the hospitality and company of your lovely family. All of us, tremendously, enjoyed the evening in your beautiful house. If you decided to visit Cairo please remember that you do have a second home in Egypt.

On another issue, I would like to congratulate you immensely on the great success of the FIGO World congress held in Kuala Lumpur. You cannot imagine how much positive the feedback, I had got from many delegates during the meeting. This success would not have been possible without the tremendous and unfailing efforts and dedication of you personally and members of you team. Please be rest assured that you have done a great job and set a standard which is very hard to follow and replicate. Certainly a great deal of the credit goes to all members of your lovely family whose sacrifice and support along the past few years must have been boundless.

Best regards.

Gamal, Moshira and Ahmed.

Prof. Gamal I. Serour.
Prof. of OB/GYN Al Azhar University.
Chairman, ERC of the Royal College.
Secretary General of IFFS.
FIGO, President Elect, 2006-2009.
Tel:(202)5755869
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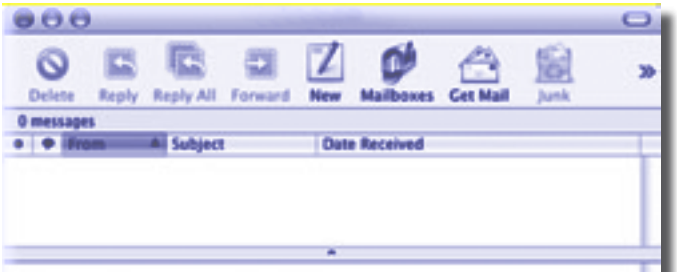


From: Siraz
To: khaziz@pd.jaring.my
Sent: Thursday, 23 November, 2006 7:51 PM

To: Dr. Abdul Aziz Yahya
FIGO 2006 Local Congress Organising Chair
E-mail: khaziz@pd.jaring.my

Subject: Congratulations for a successful FIGO!

Dear Dr. Yahya,

Congratulations! We are overwhelmed with your organizing such on examplanary International Conference at Kuala Lumpur. It was simply excellent! Reasons are many: organizing capacity, farsightedness, scientific excellences, support from all including Govt., coordination and above all your love and care.

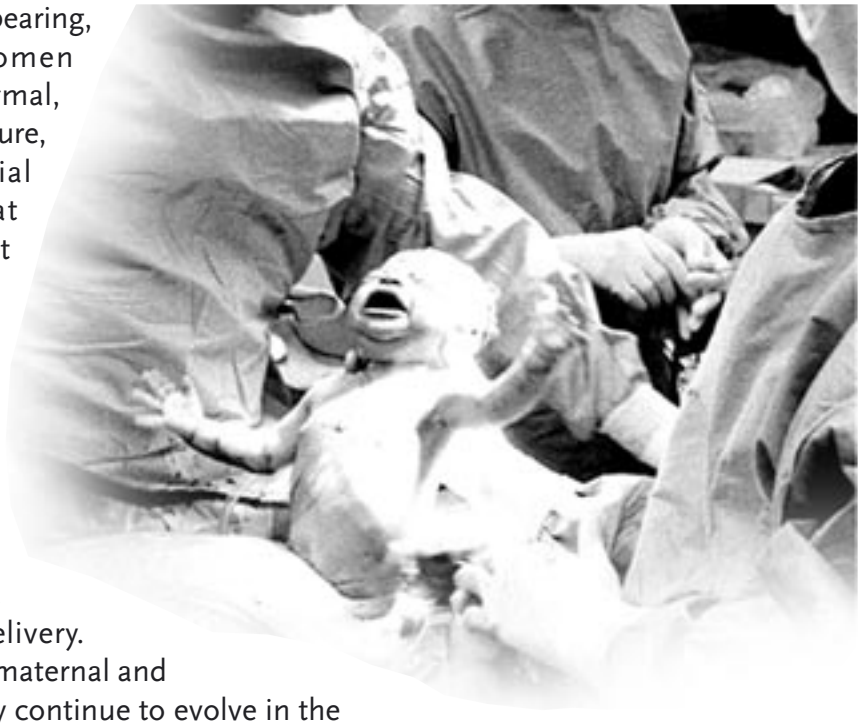
As Asians and Muslims we are really proud of you: Malaysia Truly Asia! As we mentioned to FIGO secretariat, regarding selection of chairperson and invited speakers our society was not contacted; as a result many right persons were not at right places in resulting in some dissatisfaction. But that was diluted by your fantastic hospitality and organizing capacity.

Hope and pray that you prosper further and keep up with the developed world.

Regards and all the best

Dr. Ferdousi Begum
Secretary General
Obstetrical & Gynaecological Society of Bangladesh (OGSB)
Dhaka, Bangladesh

FIGO Statement on Caesarean Section



FIGO supports the view that childbearing, for the great majority of women throughout the world, is a normal, physiological process influenced by culture, traditions, religion and psychosocial factors. FIGO further asserts that childbearing is a family event that requires as a starting point a health-oriented rather than a disease-oriented model of care from providers.

The ability to offer delivery by Caesarean section is essential for safe maternity care. In poor countries there remains a substantial burden of maternal and fetal death due to a lack of access to safe Caesarean delivery. Internationally, recommendations on maternal and fetal indications for Caesarean delivery continue to evolve in the light of research findings. However, some countries have experienced increasing recourse to Caesarean delivery for non-medical indications. FIGO considers surgical intervention without a medical rationale to fall outside the bounds of best professional practice. Caesarean delivery should be undertaken only when indicated to enhance the well-being of mothers and babies and improve outcomes.

FIGO respects women as active participants in decisions that affect their health care. Making informed decisions about the use or non-use of interventions such as Caesarean section requires that women have up-to-date, complete and understandable information on the risks and benefits of proposed interventions.

FIGO calls upon individual obstetricians to offer women evidence based delivery care within a framework of professional practice. FIGO exhorts those responsible for public and private maternity service provision to facilitate the best standards of professional practice by enabling staff participation in continuing medical education, review processes such as clinical audit, and outcomes research. Health systems need fully to address the infrastructure requirements for safe operative delivery including anaesthesia, prevention of hospital acquired infection and safe blood transfusion.

All professionals and health policy makers share responsibility for comprehensive maternity service provision that enables women to access appropriate care in a timely manner. Women should not be denied access to Caesarean delivery when needed for want of funds or infrastructure; neither should they be placed under pressure to have a Caesarean birth because of a lack of professional care to support a normal labour and delivery.

The International Day of the Midwife – 5 May 2007

Midwives reach out to women - wherever they live

The unique quality of midwifery is its model of a continuum of care for women and their babies wherever they need it: in the home, the community, the hospital.

The report from the ICM/UNFPA/WHO 1st International Forum on Midwifery in the Community,[1] held in Tunisia in 2006, stated that: 'Midwives are ... the primary contact for women and their families ... [and] have the capacity to reach all women, even the poorest, especially those who would otherwise not seek care.' One of the driving factors in setting up the Forum was the knowledge that around half the women in the world are not able to access midwifery care at the time of the birth of their babies, although there is strong evidence to show that this is exactly what is needed to reduce the prevailing high levels of maternal and infant mortality in the poorer nations of the world.

'Reaching out' is an important part of a midwife's job, not just to provide care for women who live a long way from a health facility, but to overcome other barriers to access. These may be rooted in cultural or linguistic differences, or may be related to the timing, style or affordability of services. It is 'woman-centred' care that brings healthy outcomes for mother and baby and that means positive action from midwives to ensure that what they offer is what women want.

The World Health Report 2005, Make every mother and child count,[2] called for 'care that is close to women' and went on to show there is a 'need and demand for care that is close to where and how people live, close to their birthing culture, but at the same time safe, ... it should be responsive, accessible in all ways ... [with] a midwife, or a person with equivalent skills, there to provide it competently to all mothers, with the necessary means and in the right environment'. It is clear from situations such as that in the far north of Canada where midwifery has been restored, after a time when all pregnant women were flown to hospital elsewhere to give birth, that its return is welcomed by all: the birth of babies among their own people breathes life back into a community.

The ICM is committed to the goal of universal access to midwifery care for childbearing women, and to providing this as close as possible to where women live. The ICM's Definition of the Midwife[3] states that 'A midwife may practise in any setting including the home, community, hospitals, clinics or health units' and the philosophy of midwifery care underpins this breadth of practice with its support for women's choice of where they wish to receive their care. The International Day of the Midwife offers the opportunity each year to celebrate midwives' work and the profession of midwifery: this year the special focus encourages midwives to ensure they are making contact with all women who need a midwife:

Reach out to women – reach for the goal of universal access to midwifery care

Additional notes

1. **The International Confederation of Midwives (ICM)**
   The ICM is a Confederation of 92 national midwifery associations from over 72 countries, founded in 1919. Its mission is to 'advance world-wide the aims and aspirations of midwives in the attainment of improved outcomes for women in their childbearing years, their newborn and their families'.
2. **The International Day of the Midwife (IDM)**
   Midwives around the world celebrate the 'International Day of the Midwife' on May 5 each year. The ICM established the idea of the 'International Day of the Midwife' following discussion among member associations in the late 1980s, then launched the initiative formally in 1992. The 2007 Day will be the 16th IDM. The aim of the day is to celebrate midwifery and to bring awareness of the importance of midwives' work to as many people as possible. This is done in many different ways according to what works best in each country. Examples of ways in which midwifery associations mark the day include:
   - Organising a street parade and rally in a public place
   - Setting up stalls in a market to publicise midwifery services and to offer information and advice
   - Holding a meeting, workshop or conference to hear about new developments in midwifery and exchange news with other midwives in the region
   - If appropriate, arranging a religious service – often multi-denominational – to celebrate midwifery and safe childbirth
   - Giving awards to individual or groups of midwives for special pieces of work
   - In countries where midwifery is well established, raising money to help midwives overseas where extra resources are greatly needed (for example buying bicycles for midwives' transport in remote areas, or sponsoring a midwife to attend an important conference).
   - Some midwives just get together to talk, eat, drink, sing or dance, and generally give themselves a good time! The IDM is an occasion for every individual midwife to think about the many others in the profession, to make new contacts within and outside midwifery and widen the knowledge of what midwives do for the world.
3. **The ICM and its partners**
   The ICM carries out much of its work in collaboration not only with its member associations, but also with other health agencies that have an international remit. These include:
   - those associated with the United Nations, such as the World Health Organization (WHO), the UN Population Fund (UNFPA) and the UN Children's Fund (UNICEF)
   - global confederations of health professionals, including the International Council of Nurses (ICN) and the International Federation of Gynaecologists and Obstetricians (FIGO)
   - national government departments with a remit to offer aid to less developed nations
   - international non-governmental organisations (INGOs/NGOs) with a mission to promote the health and wellbeing of mothers and children, e.g. the White Ribbon Alliance (WRA) and Saving Newborn Lives (SNL - part of Save the Children)
   - ICM is also eager to work more closely with groups who represent the interests of childbearing women, such as the World Alliance for Breastfeeding Action (WABA), the Women's Access to Health Campaign (WAHC) and the Women's Global Network for Reproductive Rights (WGNRR)

References:
1. ICM/UNFPA/WHO. 1st International Forum on Midwifery in the Community. The Hague, The Netherlands:
2. ICM, 2006. World Health Report 2005, Make every mother and child count. Geneva, Switzerland: WHO, 2005.
3. ICM. Definition of the Midwife. The Hague, The Netherlands: ICM, 2005.

The Endometriosis Enigma

Endometriosis is defined as a disease characterised by the presence of tissue that is morphologically and biologically similar to normal endometrium, and contains endometrial glands and stroma, in ectopic locations outside the uterine cavity. Though benign, endometriosis can be a crippling disease. Statements such as these seem so straightforward, hardly a source for conjecture or controversy. Yet, despite being so definable, issues abound in all aspects of this topic, from aetiological confusion to therapeutic anarchy. Right at the outset, no uniformly acceptable classification system exists. Numerous pitfalls hound the promulgation of a perfect system and the most widely accepted one, the Revised American Fertility Society system (1995) seems to have the least of these. One of its failings, albeit a major one, lies with the lack of correlation between the score and severity of symptoms experienced.

Not for nothing has endometriosis been called the disease of theories. Transplantation of retrograde menstruation, coelomic metaplasia, induction theory, genetic predisposition and disturbed angiogenesis have all been propounded as hypotheses for the occurrence of it. Of these, Sampson's classic work on retrograde menstruation[1] seems to be the most logical and attractive and may be combined with one or another of the foregoing reasons to account for the presence of lesions in the pelvis. Nevertheless, not much is known about the process of this retrograde menstruation and even its definition as "the presence of red-stained peritoneal fluid during menstruation" remains rather crude in this high-tech era of molecular research. What few respectable studies evaluating causality of endometriosis have been done on baboons[2] and seem to bear out Sampson's idea, and suggest that retrograde menstruation is associated with peritoneal inflammation. In fact, endometriosis is increasingly being thought of as a chronic inflammatory disease[3] with increased levels of the different inflammatory mediators being demonstrated in peritoneal fluid. This inflammatory process may account for both the pain and the deleterious effect on ovulation, and the response seen with anti-prostaglandin medications.

The natural course of the disease remains a mystery. It has been suggested that the disease is progressive in only one-third of cases, whereas in the remainder the disease remains in a steady state or may even eventually resolve spontaneously. Residual viable (microscopic) implants can regenerate once ovarian function has been re-established post-medical suppression or after surgical destruction of all visible deposits. In other cases, an entire "field change" can occur with new disease developing at new sites within the pelvic peritoneum. In some cases, highly differentiated lesions may disappear following medical therapy whereas those poorly differentiated can remain[4]. What is certain is that this disease waxes and wanes entirely on its own accord, defying the logic that all respectable diseases should subscribe to, and we are as far away as ever into understanding what makes it start and why it stops again spontaneously after some time.

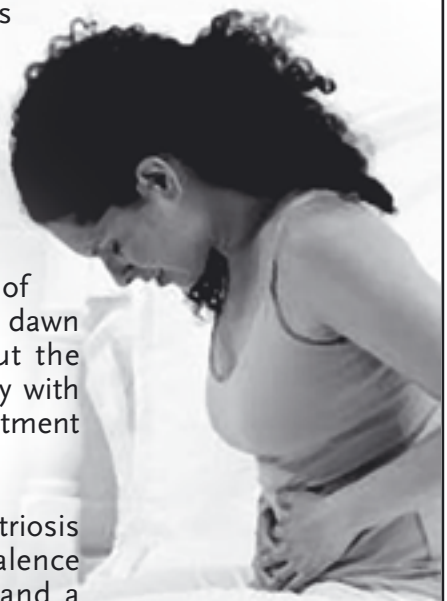
Pelvic pain, dysmenorrhoea, dyspareunia and inability to conceive may be associated with either minimal or severe disease. Even the diagnosis of endometriosis, traditionally based on laparoscopic visualization of endometriotic lesions, is a matter of current debate. Whereas the definition of endometriosis is universally accepted, the visual appearance of pelvic endometriosis is characterized by extreme pleiomorphism. It would be thought that biopsy and histologic examination would offer confirmation of laparoscopic diagnosis, but even this remains debatable, with considerable variance among different studies[5-8]. The clinical consequences of this problem are one of overdiagnosis of the disease leading to unnecessary surgical or medical treatment.

Endometriosis is a difficult disease to treat. Medical therapy can last for months with unpleasant side effects, and with the increasing arsenal of options comes the realization that although there is symptom relief, no permanent cure is available. Furthermore, since the mode of action of this form of therapy is to stop conception, it does not help at all in fertility issues.

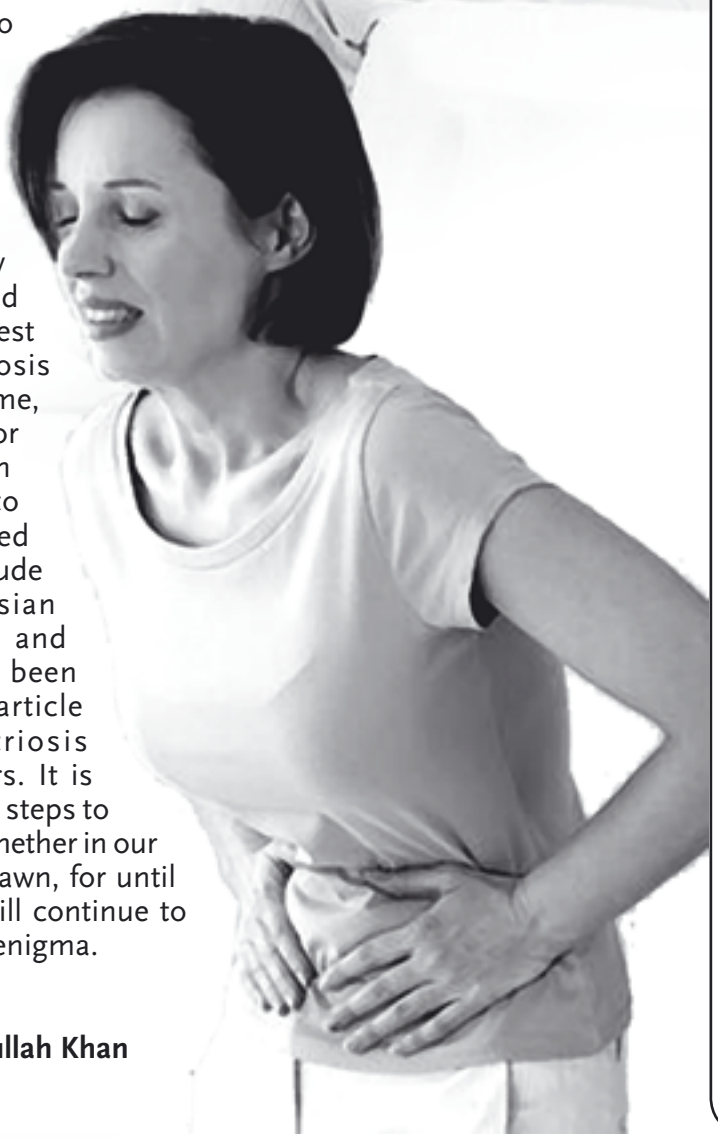
In the realm of surgery, great strides have been made in recognizing endometriosis and relieving the symptoms of this disease. For those intending to become pregnant, and those whose symptoms go unrelieved by medical treatment, laparoscopic surgery has improved outcomes and extended a life line. However, surgical therapy may often need to be repeated: even what is thought to be definitive treatment, total abdominal hysterectomy and bilateral salpingo-oophorectomy, carries a recurrence rate of up to 10%. Of course, this is not withstanding the risk of surgical complications of bowel, bladder and ureteric injury, along with other operative morbidity, despite meticulous care.

There is no doubt that treatment needs to be instituted when symptoms, especially pain, are present but controversy arises in minimal disease,

particularly asymptomatic disease presenting only with infertility. Expectant medical and surgical treatment modalities appear to give comparable results, but should treatment be given at all? In answer to this, it is clear that success does not depend entirely on the stage and treatment of endometriosis, but also on such conditions as the male factor and the age of the female. How minimal or mild endometriosis causes infertility is also open to conjecture: defective folliculogenesis, luteinized-unruptured follicle, and luteal phase defects are a few of the concepts bandied about. Alas, until the dawn arises where we understand more about the definitive mechanism that causes infertility with minimal and mild endometriosis, the treatment will be empirical.



Epidemiologic studies indicate that endometriosis is a common disease entity with a prevalence of 10% in women of reproductive age[9] and a rate of up to 50% among infertile patients[10]. Despite this, not enough time and effort is devoted to stimulating scientific and clinical studies on endometriosis. The venerated European Society of Human Reproduction and Embryology (ESHRE) only deigned to set up a Special Interest Group for endometriosis in 1999. Closer to home, there is no one body or subcommittee within a professional body to look into issues related to this disease. As a crude indicator, the Malaysian Journal of Obstetrics and Gynaecology has not been able to publish any article related to endometriosis over the last two years. It is imperative that we take steps to correct this situation, whether in our backyard or our front lawn, for until then, endometriosis will continue to be what it is today, an enigma.



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Women's Health Centre
Lumut, Perak

References

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3. *Ryan IP, Taylor RN. Endometriosis and infertility: new concepts. Obstet Gynecol Surv 1997;52:365-371.*

4. *Arya P, Shaw R. Endometriosis: current thinking. Curr Obstet Gynaecol 2005;15:191-198.*

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Calendar of Events

6th Malaysian Congress on Menopause
6-8 April 2007,
Berjaya Times Square, Kuala Lumpur
T : 03-7955 1366
F : 03 7955 1724
Email : mms2007@schering-ag.com.my
http://www.menopause.org.my

18th World Congress on Sexual Health
15-19 April 2007, Sydney, Australia
T : + 33 1 70 71 57 89
F : + 33 1 47 61 92 64
Email: was2007@congrex.com
http://www.sexo-sydney-2007.com

19th World Congress on Fertility and Sterility
28 April – 3 May 2007,
Durban, South Africa
T : +27(0) 31 332 1451
F : +27(0)31 368 6623
Email : gills@turnergroup.co.za
http://www.iffs2007.org.za

55th Annual Clinical Meeting of the American College of O&G
5-9 May 2007, San Diego, USA
T : +1(0)202 638 5577
Email : acm@acog.org
http://www.acog.org

15th World Congress on Pediatric and Adolescent Gynecology
6-9 May 2007, Sao Paulo, Brazil
T : +5511 3062 1722
F : +5511 3062 1710
Email : sogia@somaeventos.com.br
http://www.sogia.com.br

17th Malaysian Congress of O&G
31 May – 3 June 2007,
Shangri-La Hotel, Kuala Lumpur
Tel: +03-6201 3009
Fax: +603-6201 7009
Email: ogsm@po.jaring.my
http://www.ogsm.org.my

32nd Annual Meeting of the International Urogynecological Association
13-16 June 2007, Cancun, Mexico
T : +1 954 659 6209
F : +1 954 659 5587
Email : info@iuga2007.com
http://www.iuga2007.com

The British International Congress of O&G
4-6 July 2007, London, United Kingdom
T : +44(0)141 331 0123
F : +44(0)141 331 0234
Email: info@bcog2007.co.uk

2nd Asia Pacific Endometriosis Alliance Scientific Meeting
5-7 July 2007, Sheraton Imperial Hotel, Kuala Lumpur
T : 05-688 2881
Email : ppw06@streamyx.com;
apea@internode.on.net
http://www.apeakl07.net

11th Australasian Menopause Society Congress
14-16 September 2007,
Adelaide, Australia
T : +61(0)2 9265 0700
F : +61(0)2 9267 5443
Email : menopause@tourhost.com.au
http://www.menopause.org.au

14th World Congress on In-vitro Fertilization
15-19 September 2007, Montreal, Canada
T : +1 514 843 1729
F : +1 514 843 1678
Email: info@isivf.com

2nd International IVI Congress
19-21 September 2007, Barcelona, Spain
T : +34(0)93 363 3951
F : +34(0)93 439 3594
Email : ivicongress@technicviajes.com
http://www.ivicongress.com

9th Seminar of the European Society of Contraception "From Abortion to Contraception"
21-22 September 2007, Ternat, Belgium
T : +32 2 582 08 52
F : +32 2 582 55 15
Email : congress@contraception-esc.com

XXth Asian and Oceanic Congress of Obstetrics and Gynaecology
21-25 September 2007, Tokyo, Japan
T : +81 3 3219 3541
F : +81 3 3292 1811
Email : aocog2007@ics-inc.co.jp
http://www.ics-inc.co.jp/aocog2007/

1st International Congress on Breast Development, Functions and Diseases
27-30 September 2007, Turin, Italy
T : +39 (070) 340293
F : +39 (070) 307727
Email : breast2007@biomedicaltechnologies.com
http://www.breast2007.com

17th World Congress on Ultrasound in O&G
7-11 October 2007, Florence, Italy
T : +46(0)31 708 6000
F : +46(0)31 708 6025
Email : isuog2007@congrex.com
http://www.isuog2007.com

10th World Congress on Controversies in Obstetrics, Gynaecology & Infertility
8-11 November 2007, Shanghai, China
T : +972 3 5666166
F : +972 3 5666177
Email : cogi10@comtecmed.com
http://www.comtecmed.com

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