



The Stork



SLOG

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INSIDE THIS ISSUE:

Basic Survival	1
HSV Prevention	1
Alendronate	1
HPV Vaccine	2
Stork Recommends	3
Educational Seminars	3
Call to Ob/Gyn	3
Stork Announces	3
Useful Websites	4
Upcoming Courses	4

Basic Survival

We decided to go ahead with this issue inspite of all the internal turmoil that our beloved Lebanon is going through...If for anything, as a sign of our continued existence, of our continuing dreams, and of our professional and medical obligations to our patients and colleagues...

Everytime our attention shifts to nobler issues: HPV prevention, cancer awareness, risks of SSRI use in pregnancy, to name a few, we are brought back to square one. Our main concerns have shifted back now to basic survival. We and our patients are preoccupied with safety, a secure shelter, having water and electricity, and finding safe roads so that our patients may reach the hospital while in labor. God knows what is in store...

But we have never been a populous to give up. If anything, we are the true example of survivors. We get hit and we spring right back up. And inspite of all the tremendous stressors around us, we as obstetricians, are blessed by being there to witness the most beautiful celebration of life, the birthing process...

May every birth bring with it hope for a brighter and more peaceful tomorrow.

HSV Prevention at Term

We are all aware of the indications for a C-Section at term in case of active HSV. For this reason, it is of relevance to mention a study by Sheffield et al. published in Obstetrics and Gynecology 2006, volume 108:695. In this study, they assigned 350 patients, from 36 weeks to delivery, to receive either 500 mg of valacyclovir bid or placebo. At the time of delivery, 4% of the patients in the valacyclovir group had recurrent HSV requiring a C-Section versus 13% in the placebo group (p=0.009). In labor, maternal HSV and PCR specimens were collected and infants had samples collected as well. Infants were followed 1 month. None of the infants were diagnosed with HSV and of the women cultured, 2% were positive in the treatment group versus 24% in the placebo group (p=0.002). Based on the above, It would certainly be worthwhile to consider this as an option in our patients with known HSV in an attempt to decrease the cesarean rate.

Long Term Alendronate

The duration of Alendronate for osteoporosis therapy has been recently evaluated by Black et al as part of the FLEX research group, published in JAMA 2006, volume 296: 2927. They randomized 1099 postmenopausal women, who had already completed 5 years of alendronate, to either continue it at 5 mg a day, 10 mg a day or switch over to placebo. End points were fractures, bone turnover markers and total bone mineral density.

Though there was a mild decrease in bone density, and an increase in bone turnover biochemical markers in those women who discontinued alendronate after 5 years, there was no significant increase in vertebral fractures. Hence discontinuation may be feasible after 5 years, while maintaining close follow up.

Recommendations for the Use of HPV Vaccination in the Lebanese Population

Stork Literary Recommendations High-Risk Pregnancy

Edited by John T. Queenan, MD, 2007: 408 pages (\$95).

ISBN:978-1-9323-25-27-1, Web Site: sales.acog.org

This text is a fourpart compilation from the Clinical Expert Series in Obstetrics and Gynecology. Part 1 addresses such issues as screening in the first trimester. Part 2 deals with chronic diseases in pregnancy: from endocrinologic to hypertensive, to the antiphospholipid syndrome, to obesity, to renal disorders. Part 3 covers all obstetric complications such as IUGR, IUFD, preterm labo, PPRM, venous thromboembolism, placental abruption and Rh alloimmunization. Part 4 covers perinatal infections, primarily GBS, HIV, HSV and urinary tract infections. Part 5 discusses intrapartum fetal monitoring, the future of cord blood and the pathogenesis and pathophysiology of cerebral palsy.

An added plus to this text is that it enables the reader to obtain 25 CME credits by completing the "Test Your Skills" section.



Stork Re-Announces: Nov 1-3, 2007



FGOM Federation of the National Societies
of Gynecology and Obstetrics
in the Mediterranean Countries

Plans have been underway for our joint meeting with the Federation of the National Societies of Gynecology and Obstetrics in the Mediterranean Countries. Our main obstacle is the political situations in helping recruit international speakers.

Stork Re-Announces: The Arab Board of Obstetrics & Gynecology

The Arab Board of Ob/Gyn's examination, parts 1 and 2, will take place in Damascus, Syria on October 21, 2007. For details, please contact Mrs. Abi-Nader at 01610710 Ext 202 or Dr. Walid Saghir at 03220918.

Stork Announces: New Ob Prenatal Record Being Prepared by CCCC



Stork Announces: Educational Series

Pharmaline has teamed up with the Lebanese Society of Ob/Gyn to bring us a number of seminars over the next few-months all over the Lebanese regions. The aim of these seminars is to keep the local Ob/Gyn updated on the most relevant clinical issues and to allow the colleagues to meet on a more frequent basis, in a scientifically enriching setting. Our first seminar was a great success. It was held at the Coral Beach, Beirut and it was attended by . Upcoming sessions are to be held in Keserwan, Saida, Tripoli and Beirut. Announcements will be distributed by Pharmaline approximately 2 weeks prior to the scheduled activities. We welcome the requests of our members as to what topics they would like covered and recommendations can be sent to Dr. Faysal El Kak at docfaysal@yahoo.com .

A Call to our Obstetricians and Gynecologists

It is estimated that there are Ob/Gyn's in Lebanon but only are registered with the society.

There are many benefits to becoming a member of our society such as receiving our quarterly newsletter, gaining free access to our future website that is currently under development, getting discounts at our annual meeting and becoming an active voice amongst our physicians.

The annual fee is 50000LL and applications can be completed by contacting Mrs. Soraya Abi Nader at 01610710 Ext 202.

The Lebanese Society of Obstetrics and Gynecology

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Upcoming Congresses

<u>COURSE TITLE</u>	<u>DATES</u>	<u>LOCATION</u>	<u>WEBSITE ADDRESS</u>
31st British Congress of Obstetrics and Gynecology	July 4-6, 2007	London, England	E-mail: conference@rcog.org.uk
8th World Congress of Perinatal Medicine	September 9-13, 2007	Florence, Italy	www.wcpm.org
5th World Congress On Ovulation Induction	September 13-15, 2007	Rome, Italy	www.ovulationinduction2007.org
9th Seminar of the European Society of Contraception	September 21-22, 2007	Bucharest, Romania	www.contraception-esc.com
International Society of Ultrasound in Obstetrics and Gynecology	October 7-11, 2007	Florence, Italy	www.isuog2007.org
American Society of Reproductive Medicine	October 13-17, 2007	Washington, DC	www.asrm.org
15th International Meeting of the European Society	October 28-November 1, 2007	Berlin, Germany	www.esgo.org/esgo15/
Congress of the Federation of the National Societies of Gynecology and Obstetrics in the Mediterranean Countries (FGOM)	November 1-3, 2007	Beirut, Lebanon	Trust and Traders
5th International Congress of Developmental Origins of Health and Disease (DOHaD)	November 6-10, 2007	Perth, Western Australia	www.DOHaD2007.org
Gynaecongress	November 8-9, 2007	Arnhem, Netherlands	gynaecongres@nvog.nl

Bookmark These Websites

<u>Useful Websites</u>	<u>Address</u>
Arab Association of Obstetrics and Gynecology Societies	www.arabgo.org
American College of Obstetricians and Gynecologists	www.acog.com
American Institute of Ultrasound in Medicine	www.aium.org
Fetal Medicine Foundation	www.fetalmedicine.com
Lebanese Ministry of Health	www.public-health.gov.lb/index.shtml
Lebanese Order of Physicians	www.atebba.org
Medline	www.ncbi.nlm.nih.gov/entrez/query.fcgi?DB=pubmed
Middle East Fertility Society	www.mefs.org
Ob/Gyn News	http://journals.elsevierhealth.com/periodicals/obnews
Society of Maternal Fetal Medicine	www.smfm.org