

CLINICAL AND EXPERIMENTAL OBSTETRICS & GYNECOLOGY

an International Journal

Editors-in-Chief

A. Onnis **J.H. Check**
Montréal (CND) *Camden, NJ (USA)*

Associate Editor

M. Marchetti
Montréal (CND)

Assistant Editor

J. Wilson
San Diego - CA (USA)

Editorial Board

Audet-Lapointe P., <i>Montréal (Canada)</i>	Holub Z., <i>Kladno (Czech Republic)</i>
Axt-Fliedner R., <i>Lübeck (Germany)</i>	Jordan J.A., <i>Birmingham, England (UK)</i>
Basta A., <i>Krakow (Poland)</i>	Kaplan B., <i>Petach Tikva (Israel)</i>
Bender H.J., <i>Dusseldorf (Germany)</i>	Kralj B., <i>Ljubljana (Slovenia)</i>
Bhattacharya N., <i>Calcutta (India)</i>	Lalonde A.B., <i>Ottawa (Canada)</i>
Bonilla Musoles F., <i>Valencia (Spain)</i>	Markowska J., <i>Poznan (Poland)</i>
Charkviani T., <i>Tbilisi (Georgia)</i>	Marth C., <i>Innsbruck (Austria)</i>
Dexeus S., <i>Barcelona (Spain)</i>	Meden-Vrtovec H., <i>Ljubljana (Slovenia)</i>
Di Paola G., <i>Buenos Aires (Argentina)</i>	Ohara N., <i>Kobe (Japan)</i>
Eskes T.K.A.B., <i>Nijmegen (The Netherlands)</i>	Papadopoulos N., <i>Alexandroupolis (Greece)</i>
Franchi M., <i>Verona (Italy)</i>	Rakar S., <i>Ljubljana (Slovenia)</i>
Friedrich M., <i>Homburg (Germany)</i>	Sciarra J.J., <i>Chicago, IL (USA)</i>
Gomel V., <i>Vancouver (Canada)</i>	Stelmachow J., <i>Warsaw (Poland)</i>
Gorins A., <i>Paris (France)</i>	Varras M.N., <i>Athens (Greece)</i>
Grella P.V., <i>Padua (Italy)</i>	Vîrtej P., <i>Bucharest (Romania)</i>
	Winter R., <i>Graz (Austria)</i>

Publishing Organization (M. Morsani):

I.R.O.G. CANADA, Inc. - 4900 Côte St-Luc - Apt # 212 - Montréal, Qué. H3W 2H3 (Canada)
Tel. +514-4893242 - Fax +514-4854513 - E-mail: canlux@mgroup-online.com - www.irog.net

Editorial Office (M. Critelli):

Galleria Storione, 2/A - 35123 Padua (Italy) - Tel. (39) 049 8756900 - Fax (39) 049 8752018

CLINICAL AND EXPERIMENTAL OBSTETRICS AND GYNECOLOGY (ISSN 0390-6663) publishes original work, preferably brief reports, in the fields of Gynecology, Obstetrics, Fetal Medicine, Gynecological Endocrinology and related subjects. (Fertility and Sterility, Menopause, Uro-gynecology, Ultrasound in Obstetrics and Gynecology, Sexually Transmitted Diseases, Reproductive Biological Section). The Journal is covered by **INDEX MEDICUS, MEDLINE, EMBASE/Excerpta Medica**.

CLINICAL AND EXPERIMENTAL OBSTETRICS AND GYNECOLOGY is issued every three months in one volume per year by IROG CANADA Inc. Montréal. Printed in Italy by "La Garangola", Tipografia Editrice - Via E. Dalla Costa, 6 - 35129 Padova (Italy).

Clinical and Experimental Obstetrics and Gynecology

www.irog.net

General Information

CLINICAL AND EXPERIMENTAL OBSTETRICS AND GYNECOLOGY (ISSN 0390-6663) publishes original peer-reviewed work, preferably brief reports, in the fields of Gynecology, Obstetrics, Fetal Medicine, Gynecological Endocrinology, Fertility and Sterility, Menopause, Uro-gynecology, Ultrasound diagnosis in Obstetrics and Gynecology, Sexually transmitted diseases and related topics. It is indexed in INDEX MEDICUS, MEDLINE, EMBASE/Excerpta Medica.

AIMS AND SCOPE

Since its inception, the *CLINICAL AND EXPERIMENTAL OBSTETRICS AND GYNECOLOGY Journal* has had the primary aim to assemble and diffuse scientific researches, particularly original researches, contributions, reviews, and proceedings of meetings in every field of the Discipline.

Today its large diffusion all over the world allows us to collect high quality papers and clinical reports on many interesting studies from every country, even from developing countries. This is the target goal of the Journal – aiming at the diffusion of knowledge and advances in female genital diseases.

This publication tries to cover all aspects of obstetrics and gynecology in an interdisciplinary approach among gynecologists, epidemiologists, pathologists, oncologists, radiologists, microbiologists, surgeons, urologists, neonatologists, genetists and so on.

The first target goal of the Journal is to publish **high quality papers** in the **shortest time possible**. Research papers, editorial reviews, case reports, technical notes, book reviews and letters to the Editor are published.

ANNOUNCEMENTS regarding meetings, postgraduate courses and symposia will be accepted 6 months before publication and will be published free of charge.

BOOK SAMPLES for review should be sent to the Editorial offices in Montréal or in Padova.

COPYRIGHT: the Journal has been registered with the Copyright Clearance Center, Inc. Reproductions are not allowed without the written consent of the Publisher. All photocopy fees should be paid to the Copyright Clearance Center, Inc., 21 Congress Street, Salem, MA 01970, USA stating the ISSN number, the volume and the first and last page numbers of each article copied.

ADVERTISING INFORMATION: advertising orders and inquiries may be sent to: I.R.O.G. CANADA Inc., Publisher, 4900 Côte St. Luc, Apt. 212, Montréal (Quebec) Canada H3W 2H3, Tél. 514.4893242-4893640 - Fax 514.4854513 - E-mail: canlux@mgroupp-online.com - www.irog.net

RESPONSIBILITY: although every effort is made by the editorial staff and the printer to eliminate misleading or inaccurate information, the publisher accepts no responsibility for the consequences of faultful or incorrect information. The authors recognize that the editor and publisher have no responsibility and are indemnified against any liability or claim that may result from the publication of misleading or incorrect data.

SUBSCRIPTION INFORMATION

The Journal is issued every three months (January, April, July and October); one volume per year. Subscriptions start from January and are automatically renewed if not cancelled by the end of September.

Subscriptions include four issues per year plus supplements and monographs and all official communications of Meetings, Courses, Symposia and all scientific activities in the fields of *Obstetrics and Gynecology* and related topics.

Subscriptions are entered with prepayment only. The annual subscription is \$280 US for Institutions and \$170 US for Individuals all over the world. For air mail add \$20. Single copies prepaid cost \$75.00 US.

Send subscription requests with cheque or credit card payment (Amex - Visa - Diners - Master Card) to I.R.O.G. CANADA Inc., 4900 Côte St. Luc, Apt. 212, Montréal, Québec H3W 2H3, Canada. **Only US Funds are accepted.**

Claims for missing issues can be honored up to six months. **Changes of address:** allow six weeks for all changes to become effective. All communications should include both old and new addresses (with postal codes) - better if accompanied by a mailing label from a recent issue and should be sent to the printer La Garangola, Via E. Dalla Costa, 6 - 35129 Padova (Italy) - also by Tel. +39.049.8075557, Fax +39.049.7806580. Claims should be made within six months of publication date. Duplicate copies will not be sent to replace those undelivered through failure to notify of change of address.

Single copies and back issue and volume information is available from the printer La Garangola, Padua, Tel. +39.049.8075557, Fax +39.049.7806580. Certain back issues may only be available as photocopies of the originals.

All other business correspondence including orders for offprints and advertising space and **any communication and requests should be addressed to** I.R.O.G. CANADA Inc., 4900 Côte St. Luc, Apt. 212, MONTRÉAL, QUÉBEC H3W 2H3 (Canada), Tel. (514) 4893242, fax (514) 4854513.

IN ALL LEGAL MATTERS THE COURT OF MONTREAL IS COMPETENT.

Clinical and Experimental Obstetrics and Gynecology

www.irog.net

Instructions to Authors

SUBMISSION OF MANUSCRIPTS

Papers should be submitted to A. ONNIS Editor-in-Chief, 4900 Côte St. Luc, Apt. 212 MONTREAL, QUÉBEC H3W 2H3 (Canada) - Tel. +514-4893242 - Fax +514-4854513 - Galleria Storione 2/A - 35123 PADOVA (Italy) - Tel. +39-049-8756900 - Fax +39-049-8752018. The new section "Assisted conception and reproductive biology" will be led by J.H. Check, Editor-in-Chief. Address: Reproductive and Medical Endocrine Associates P.C. (Attention: Laurie Aurand), 7447 Old York Road, Melrose Park, PA 19027. Telephone Number: 215 635-4400, Fax Number: 215 635-2304, email: Laurie@ccivf.com.

When a manuscript is submitted, an acknowledgement card is sent to the corresponding author within two or three weeks.

Submitted papers are reviewed by the Editor-in-Chief and his Peer Referees. Authors may be required to modify the manuscript according to the reviewers' suggestions.

Manuscripts accepted for publication will be copyedited by the editorial staff for typographical and grammatical mistakes and to guarantee clarity and conciseness.

Publication time will be the shortest possible based on scientific and publishing needs. **Manuscripts submitted for publication cannot be returned.**

Published papers will become property of the Journal and copyrighted under I.R.O.G. CANADA Inc.

After six months no grievances will be accepted regarding published articles.

All statements are the responsibility of the authors. Product dosages, indications and methods referred to in the papers reflect the author's experience. No responsibility is assumed by the Editor-in-Chief or the Publisher for any damage from use of any products, operation methods or instructions contained in the published materials.

Trade names, trademarks, etc. are protected by the law and regulations. The Editor-in-Chief and the Publisher cannot accept any legal responsibility for any errors or omissions that may be made in press, particularly for information about drug dosage and application thereof contained in the Journal. Consult the prescribing information before administering any drug.

MANUSCRIPT REQUIREMENTS

The Journal follows the "Uniform requirements for manuscripts submitted to biomedical journals" published in the *New England Journal of Medicine* 1991, 324, 424-8 and in the *British Medical Journal* 1991, 302.

The manuscripts must be sent by mail and never by e-mail.

Three *manuscripts* typed and double spaced should be submitted by mail (not by email) **with an electronic disk, formatted in Word for Macintosh or Windows, version 6.0.** Manuscripts without an electronic disk will not be accepted. **A cover letter signed by all authors must state that all authors who have participated in the work take responsibility for the manuscript which has never been published or submitted for publication elsewhere.** Without a cover letter the publication will not be possible. Name, address and phone/fax numbers of the *Corresponding Author*, responsible for revision and approval of the proofs, should be indicated. Full-length articles should not exceed 8 printed pages including tables and references.

After the *title page* (full title and names of authors, institutions, eventual acknowledgement for financial support, running title of no more than 60 characters or spaces), original works should be arranged in the conventional order: *Summary* (purpose of investigation, methods, results, conclusion - about 150 words), *Key words*, *Content* (a 20-word summary), *Introduction*, *Materials and Methods*, *Results*, *Discussion*, *Conclusion*, *Acknowledgement* (if any), *References*, *Tables*, *Legends*.

Authors should supply a complete address for reprint requests.

In the text only standard abbreviations can be used and must be avoided in the title. The full term for which an abbreviation stands should precede its first use in the summary and text unless it is a standard unit of measurement.

Authors must give their complete professional identifications and affiliations, including all academic titles and positions.

Letters to the editor should be brief (500 words or less) and offer objective, constructive and educational criticism of published material. The editor reserves the right to publish.

Figures: Two original copies (not negatives) of each figure are requested. Each figure should have a label on the back indicating its number, author's name and top of the figure. Do not write on the back of the figures and do not mount them on cardboard. **If sending colour pictures advise if they must be printed in colour or black and white (colour costs ten times more).**

Legends should be typed on a separate page with Arabic numerals corresponding to the illustrations.

Tables should be titled, typed in double space on separate pages and numbered in Arabic numerals in the order of their first citation in the text. Do not use internal rules. Only standard, universally understood abbreviations should be used.

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in the text, tables, and legends by Arabic numerals in parentheses.

Use the style of the examples below, which are based with slight modifications on the format used by the U.S. National Library of Medicine in *Index Medicus*. The titles of journals should be abbreviated according to the style used in *Index Medicus*.

References must be verified by the Author(s) against the original documents.

Examples of correct forms of references are given below:

Articles in Journals: Authors' surname and initials (if more than six names, give six followed by "et al."), Title, Abbreviated Journal Title, Year of Publication, Volume, Issue and first page.

Books: Authors' surname and initials, title of the book and title of chapter, in: Title, Editor(s), Place, Publisher, Year, Page.

Acknowledgments will be limited to appropriate professionals who were contributors to the paper.

PROOFS revised by the editorial staff will be sent to the corresponding author and should be checked and returned within ten days. The corresponding author is responsible for detecting typesetting errors. After this deadline **the proofs will be considered approved.** Only essential corrections should be made; extensive changes will be charged to the authors.

BUSINESS MATTERS

The Journal has no commercial advertisements.

Authors will be expected to contribute to the printing expenses, tables, figures and postage. For every published article a copy of the Journal will be provided free of charge. **Only payments in US dollars will be accepted.** No bank transfers.

Reprints should be requested with the form enclosed with the acceptance letter. No free reprints will be supplied.

EDITORIAL ARTICLE

- Ovulation disorders: Part II - Anovulation associated with normal estrogen** 69
 J.H. Check - *Camden, NJ (USA)*
 Amenorrhea or oligomenorrhea associated with anovulation can be successfully treated with clomiphene citrate, gonadotropins, bromocriptine, or corticosteroids depending on the cause, and progesterone supplementation in the luteal phase is also very important.

ORIGINAL ARTICLES

General Section

- Change of autonomic nervous activity during pregnancy and its modulation of labor assessed by spectral heart rate variability analysis** 73
 H. Matsuo, K. Inoue, E.D. Hapsari, K. Kitano, H. Shiotani - *Kobe, JAPAN*
 The sympathovagal balance of a lower vagal and higher sympathetic activity affects the duration of labor in primiparous women.
- Metabolism of vitamin D₃ in the placental tissue of normal and preeclampsia complicated pregnancies and premature births** 80
 D. Fischer, A. Schroer, D. Lüdders, I. Cordes, B. Bücker, J. Reichrath, M. Friedrich - *Lübeck, GERMANY*
 Expressions of 1 α OHase, 25-OHase, 24-OHase and VDR in the placental tissue of preeclampsia-complicated pregnancies and premature births were found to be altered compared to normal pregnancies.
- Study on the efficacy of cefaclor for the treatment of asymptomatic bacteriuria and lower urinary tract infections in pregnant women with a history of hypersensitivity to penicillin** 85
 K. Stamatiou, A. Alevizos, G. Petrakos, I. Lentzas, M. Papathanasiou, A. Mariolis, P. Panagopoulos, F. Sofras - *Herakleion, GREECE*
 The efficacy of 750 mg of cefaclor in comparison to 500 mg of cefaclor in pregnant women with lower urinary tract infections was investigated.
- Colposcopists' agreement on cervical biopsy site** 88
 L. Elit, J.A. Julian, J.W. Sellors, M. Levine - *Ontario, CANADA*
 This study addresses the reliability of an international group of colposcopists in determining the worst area on the cervix to biopsy.
- Use of the Labhardt procedure to repair pelvic organ prolapse** 91
 G. Kilic, J.C. Tunca - *Chicago, IL (USA)*
 The Labhardt procedure is a simple, safe, and short therapeutic alternative to Le Fort's operation for repairing pelvic organ prolapse.
- Humerus length measurement in Down syndrome screening** 93
 I.H. Kalelioğlu - *Istanbul, TURKEY*
 A study of different methods of humeral length assessment in an attempt to increase the role of humerus measurement in Down syndrome screening is presented.
- Effects of micronized purified flavonoid fraction (Daflon) on pelvic pain in women with laparoscopically diagnosed pelvic congestion syndrome: a randomized crossover trial** 96
 M. Simsek, F. Burak, O. Taskin - *Malatya, TURKEY*
 The effects of Daflon on pelvic congestion syndrome were evaluated. Restoration of venous tonus may relieve chronic pelvic pain.
- Transforming a conventional theatre into a gynaecological endoscopy unit** 99
 E. Anastasakis, A. Protopapas, G. Daskalakis, M. Papadakis, S. Milingos, A. Antsaklis - *Athens, GREECE*
 Transforming a conventional operating theatre into a gynaecological endoscopy suite is a feasible project with great benefits for surgeons and patients.

Labor induction at term: a comparison of the effects of 50 µg and 25 µg vaginal misoprostol	102
D. Eroglu, M. Oktem, F. Yanik, E. Kuscü - <i>Ankara, TURKEY</i> Fifty micrograms of vaginally administered misoprostol is an effective and inexpensive means of inducing labor at term.	
Reproductive Biology Section	
Three singleton deliveries with healthy children from one couple after Cryo-TESE and ICSI	106
A.G. Schmutzler, M. Glander, B. Acar, O. Chanysheva, S. Buck, F.J. Martinez Portillo, L. Mettler - <i>Campus Kiel, GERMANY</i> Three singleton deliveries with healthy children from one couple after Cryo-TESE and ICSI are reported.	
Subsequent therapeutic options and outcome in couples who fail to fertilize despite in vitro fertilization (IVF) and intracytoplasmic sperm injection (ICSI)	109
D. Horwath, J.H. Check, B. Katsoff, J. Amui, D. Brasile - <i>Camden, NJ (USA)</i> The failure to fertilize any eggs despite intracytoplasmic sperm injection did not dissuade 58% of couples to try again and 36% were rewarded with a pregnancy.	
A comparison of the efficacy of intracytoplasmic sperm injection (ICSI) using ejaculated sperm selected by high magnification versus ICSI with testicular sperm both followed by oocyte activation with calcium ionophore	111
J.H. Check, M.C. Levito, D. Summers-Chase, J. Marmar, H. Barci - <i>Camden, NJ (USA)</i> Despite some new advances in fertilizing eggs with ICSI and oocyte activation by calcium ionophore, not all cases will respond to these methods.	
CASE REPORTS	
Ovarian ossification associated with endometriosis	113
R. Shaco-Levy, T. Lazer, B. Piura, A. Wiznitzer - <i>Beer-Sheva, ISRAEL</i> A case of unusual ovarian ossification associated with endometriosis with discussion of clinical aspects, pathology and pathogenesis is presented.	
Appendicitis in pregnancy: a case report and a review of the current literature	115
C. Chloptsios, K. Stamatiou, N. Kavouras, E. Moustakis, G. Ilias, F. Lebrun - <i>Thebes, GREECE</i> A case of appendicitis complicated by plastron formation during pregnancy and the outcome is presented.	
Heart failure caused by thyrotoxicosis in pregnancy - case report	117
I.H. Kalelioglu, R. Has, E. Cigerli, B.H. Ermis, E.L. Ibrahimoglu, A. Yildirim, A. Kubat, A. Yuksel - <i>Istanbul, TURKEY</i> Untreated thyrotoxicosis in pregnancy may cause severe maternal, fetal, and even neonatal adverse outcomes such as preeclampsia, premature labor, low birthweight infants and increased perinatal mortality.	
Splenosis of the peritoneal cavity resembling an adnexal tumor: case report	120
P. Peitsidis, T. Akrivos, G. Vecchini, A. Rodolakis, N. Akrivos, S. Markaki - <i>Athens, GREECE</i> A case of a 32-year-old patient with symptomatic peritoneal cavity splenosis occurring ten years after traumatic splenectomy is presented.	
Endometriosis: rare localizations in two cases	123
G. Mascaretti, C. Di Bernardino, N. Mastrocola, F. Patacchiola - <i>L'Aquila, ITALY</i> Diagnostic approach and analysis of possible etiopathogenesis in uncommon endometriosis localizations are reported.	
Giant benign mucinous cystadenoma growing during pregnancy: a case report	126
S. Tugrul, O. Pekin, H. Ayvacı, N. Tarhan, M. Uludođan - <i>Istanbul, TURKEY</i> A case of a 32-year-old woman with a giant benign mucinous cystadenoma growing during pregnancy is presented.	
Book Review	128