

Dr. Akmal El-Mazny; MD, FICS -- Publications

1. [Fertil Steril](#). 2011 Oct; 96(4):962-5. Epub 2011 May 14.

[A double-blind randomized controlled trial of vaginal misoprostol for cervical priming before outpatient hysteroscopy.](#)

[El-Mazny A](#), [Abou-Salem N](#).

Source

Department of Obstetrics and Gynecology, Faculty of Medicine, Cairo University, Cairo, Egypt.

Abstract

OBJECTIVE:

To evaluate the efficacy and safety of vaginal misoprostol for cervical priming before diagnostic outpatient hysteroscopy (OH) without anesthesia.

DESIGN:

Double-blind randomized controlled trial.

SETTING:

University teaching hospital.

PATIENT(S):

One hundred fifty patients requiring diagnostic OH for investigation of infertility or abnormal uterine bleeding in the reproductive age.

INTERVENTION(S):

Patients were randomly allocated into two equal groups (n = 75). In group I, 200 µg misoprostol was inserted into the posterior vaginal fornix 3 hours before OH; in group II (control), vaginal examination was performed without misoprostol administration. A rigid 30° 4-mm hysteroscope was used in the vaginoscopic technique.

MAIN OUTCOME MEASURE(S):

Ease of cervical entry (Likert scale), procedural time, patient acceptability (Likert scale), and pain scoring (visual analog scale).

RESULT(S):

Vaginal misoprostol significantly facilitated the procedure; cervical entry was easier, procedural time was shorter, patient acceptability was higher, and pain scoring was lower in group I compared with group II. Side effects of misoprostol were infrequent, minor, and transient. No complications were reported.

CONCLUSION(S):

The regimen of 200 µg vaginal misoprostol administered 3 hours before diagnostic OH is a simple, effective, and safe method of cervical priming to facilitate the procedure without anesthesia.

2. [Int J Gynaecol Obstet.](#) 2011 Nov; 115(2):188-90. Epub 2011 Aug 26.

[A clinicopathologic study of gynecologic organ involvement at radical cystectomy for bladder cancer.](#)

[Salem H](#), [El-Mazny A](#).

Source

Department of Urosurgery, Faculty of Medicine, Cairo University, Cairo, Egypt.

Abstract

OBJECTIVE:

To report the clinicopathologic analysis of women who underwent radical cystectomy for bladder cancer in Egypt from 1997 to 2005.

METHODS:

Clinicopathologic data for 250 women who underwent radical cystectomy for bladder cancer at 3 centers in Cairo were retrospectively reviewed from hospital charts and pathology sheet records. Cystectomy specimens were evaluated pathologically for involvement of internal genitalia.

RESULTS:

The uterus was not available for histopathologic examination in 11 specimens; 1 ovary was absent from 18 specimens; and both ovaries were absent from 2 specimens. Uterine involvement was observed in 1 case of transitional cell carcinoma. Benign uterine pathology was detected in 25 cases. All patients had normal ovaries, and the vagina was involved in 11 cases. There was urethral involvement in 10% of patients. Of the 50 patients available for follow-up, 11 had 1 ovary preserved and 2 had the uterus plus both ovaries preserved. None of them experienced late ovarian or uterine recurrence.

CONCLUSION:

Involvement of female internal genitalia in bladder cancer is uncommon. Thus, preservation of these organs in young women undergoing radical cystectomy should be considered in selected cases after careful preoperative assessment.

3. [Hypertens Pregnancy](#). 2011; 30(2):221-30. Epub 2011 Jan 20.

Elevated serum-soluble Fas in preeclampsia: correlation with clinical, laboratory, and Doppler parameters.

[El-Sherbiny W](#), [Soliman A](#), [El-Mazny A](#).

Source

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Abstract

OBJECTIVES:

(i) To compare the levels of soluble Fas (sFas) in the sera of patients with variable degrees of preeclampsia and in healthy gravidas; and (ii) to correlate sFas with clinical, laboratory, and Doppler parameters in preeclampsia.

METHODS:

Fifty patients with mild preeclampsia, 50 patients with severe preeclampsia, and 50 healthy normotensive pregnant women (control group) were selected from those admitted to the delivery unit. All were nearly of the same maternal and gestational ages. Patients and controls were subjected to (i) history taking; (ii) general, abdominal, and pelvic examination; (iii) laboratory investigations including serum sFas, total bilirubin, aspartate transaminase, alanine transaminase, creatinine, uric acid, hematocrit value, platelet count, and 24 urinary proteins; (iv) obstetric ultrasound and biophysical profile; (v) Doppler cerebroplacental ratio; and (vi) neonatal assessment after delivery.

RESULTS:

Serum sFas was significantly higher ($p < 0.001$) in patients with mild and severe preeclampsia than in normal controls, and in patients with severe preeclampsia than in those with mild disease. In preeclampsia group, sFas correlated positively with systolic ($r = 0.386$; $p < 0.001$) and diastolic ($r = 0.347$; $p = 0.001$) blood pressures, serum uric acid ($r = 0.452$; $p < 0.001$), and urinary protein ($r = 0.416$; $p < 0.001$); and correlated negatively with biophysical profile ($r = -0.371$; $p < 0.001$), cerebroplacental ratio ($r = -0.527$; $p < 0.001$), and birth weight ($r = -0.458$; $p < 0.001$).

CONCLUSION:

Serum sFas is significantly elevated in preeclampsia and is correlated with some important clinical, laboratory, and Doppler parameters. Further longitudinal studies are recommended to investigate the possible value of sFas as an early predictor of preeclampsia and its severity.

4. [Eur J Obstet Gynecol Reprod Biol.](#) 2011 Mar; 155(1):65-8. Epub 2011 Jan 8.

Circulating ghrelin levels and the polycystic ovary syndrome: correlation with the clinical, hormonal and metabolic features.

[Daghestani MH](#), [Daghestani MH](#), [El-Mazny A](#).

Source

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Abstract

OBJECTIVES:

Dysregulation of ghrelin levels may lead to physiological problems including obesity and polycystic ovary syndrome (PCOS). The aim of the study was to compare ghrelin levels in women with and without PCOS.

STUDY DESIGN:

Serum ghrelin levels (pre- and post-prandial) were compared between 30 Saudi women suffering from PCOS and 30 healthy controls. The relationship between circulating ghrelin levels and other hormones was investigated. Anthropometric measurements were made for all subjects. Biochemical and hormonal investigations included plasma glucose, insulin, luteinizing hormone (LH), follicle-stimulating hormone (FSH), 17 β -estradiol (E2), progesterone, testosterone and sex hormone binding globulin (SHGB), and serum ghrelin levels. The data were statistically analyzed using independent T-test and ANOVA. Correlation studies were performed between ghrelin levels and other variables.

RESULTS:

No differences were observed in the levels of ghrelin during fasting and the postprandial period in the PCOS ($p=0.487$) and control groups ($p=0.378$). A significant inverse correlation was observed in ghrelin levels (fasting and postprandial) levels and BMI (PCOS: $r=-0.529$; $p=0.009$, controls: $r=-0.670$; $p=0.005$); PCOS: $r=-0.421$; $p=0.007$, controls: $r=-0.491$; $p=0.004$ respectively). No correlations between ghrelin levels and other parameters were observed.

CONCLUSION:

The findings of the study suggest that circulating plasma ghrelin levels were found to be normal and were inversely related to BMI in women with PCOS. No relationship between circulating ghrelin levels and the abnormal hormonal pattern of the PCOS were observed.

5. [Fertil Steril](#). 2011 Jan; 95(1):272-6. Epub 2010 Jul 17.

[Outpatient hysteroscopy: a routine investigation before assisted reproductive techniques?](#)

[El-Mazny A](#), [Abou-Salem N](#), [El-Sherbiny W](#), [Saber W](#).

Source

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Abstract

OBJECTIVE:

To evaluate the importance of subjecting the patient to an outpatient (office) hysteroscopy (OH) before assisted reproductive techniques (ART) and patient compliance, possible side effects, and complications of the procedure.

DESIGN:

Comparative observational cross-sectional study.

SETTING:

University hospital.

PATIENT(S):

One hundred fifty-two patients attending the outpatient infertility clinic for pre-ART (IVF/intracytoplasmic sperm injection [ICSI]-ET) investigations, with normal uterine findings on hysterosalpingography (HSG).

INTERVENTION(S):

Transvaginal sonography (TVS) and OH (using a rigid, 30-degree, 4-mm hysteroscope) by the vaginoscopic "no touch" technique.

MAIN OUTCOME MEASURE(S):

Diagnostic value and compliance of OH.

RESULT(S):

The procedure was successful in 145 patients (95.4%); 51 of them (35.2%) had previous ART failures. Abnormal hysteroscopic findings were observed in 48 women (33.1%), in which endometrial polyp, submucous myoma, and intrauterine adhesions were the most common findings. The TVS was specific (100%) but not sensitive (41.7%) compared with OH. Abnormal hysteroscopic findings were significantly higher in patients with previous ART failure(s). The procedure was acceptable in almost all patients with no reported complications.

CONCLUSION(S):

The OH should be part of the infertility workup before ART even in patients with normal HSG and/or TVS. This is especially relevant in cases with prior failed ART cycles.

6. [Int J Gynaecol Obstet.](#) 2010 Jun; 109(3):239-41. Epub 2010 Mar 2.

[Insulin resistance, dyslipidemia, and metabolic syndrome in women with polycystic ovary syndrome.](#)

[El-Mazny A](#), [Abou-Salem N](#), [El-Sherbiny W](#), [El-Mazny A](#).

Source

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Abstract

OBJECTIVE:

To investigate the association of insulin resistance with dyslipidemia and metabolic syndrome (MBS) in women with polycystic ovary syndrome (PCOS).

METHODS:

Fasting glucose (G), insulin (I), and lipid levels were measured in 50 infertile women with PCOS. A fasting G/I ratio of 4.5 or less (n=29) defined insulin resistance (IR).

RESULTS:

The mean levels of total cholesterol (P<0.001), low-density lipoprotein (P=0.02), and triglycerides (P<0.001) were significantly higher and the mean levels of high-density lipoprotein were significantly lower (P<0.001) in the IR group. The prevalence of MBS (P=0.02) and obesity (P=0.04), hypertension (P=0.02), fasting hyperglycemia (P=0.03), low high-density lipoprotein levels (P=0.02), and hypertriglyceridemia (P=0.02) were also significantly higher in the IR group.

CONCLUSION:

Insulin resistance is associated with dyslipidemia and MBS in women with PCOS. Lifestyle

7. [J Minim Invasive Gynecol](#). 2010 Mar-Apr; 17(2):200-4.

Value of 3-dimensional sonohysterography for detection of intrauterine lesions in women with abnormal uterine bleeding.

[Abou-Salem N](#), [Elmazny A](#), [El-Sherbiny W](#).

Source

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Abstract

STUDY OBJECTIVE:

To compare 2-dimensional (2D) sonohysterography (SHG) and 3D-SHG with saline solution infusion vs diagnostic hysteroscopy for investigation of intrauterine lesions in perimenopausal and postmenopausal women with abnormal uterine bleeding.

DESIGN:

Comparative observational cross-sectional study (Canadian Task Force classification II-1).

SETTING:

University hospital.

PATIENTS:

Fifty perimenopausal and 20 postmenopausal women with abnormal intrauterine bleeding with clinically or ultrasonically suspected intrauterine lesions.

INTERVENTIONS:

Conventional 2D- and 3D ultrasonography and 2D- and 3D-SHG with saline solution infusion followed by diagnostic hysteroscopy, and endometrial curettage or subsequent operative treatment (e.g., hysterectomy, myomectomy, or polypectomy). Ultrasonographic and hysteroscopic findings were compared with histopathologic findings.

MEASUREMENTS AND MAIN RESULTS:

For 2D-SHG, sensitivity, specificity, positive predictive value, negative predictive value, overall accuracy, likelihood ratio for a positive result, and likelihood ratio for a negative result were 79%, 72%, 89%, 54%, 76%, 2.82, and 0.29, respectively, and for 3D-SHG, were 92%, 89%, 96%, 80%, 91%, 8.36, and 0.09, respectively; and for diagnostic hysteroscopy, were 94%, 89%, 96%, 84%, 93%, 8.55, and 0.07, respectively. Thus, 3D-SHG was superior to 2D SHG ($p = .02$) and comparable to diagnostic hysteroscopy ($p = .75$) for diagnosis of intrauterine lesions.

CONCLUSION:

3D-SHG can be used in the initial investigation of intrauterine lesions in perimenopausal and postmenopausal women with abnormal uterine bleeding before resorting to invasive procedures such as diagnostic hysteroscopy. Further studies of computer-reconstructed 3D-SHG virtual hysteroscopy are recommended.