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- ▶ **The radiological and histological search for G-spot'un radyolojik ve histolojik olarak araştırılması**
Ahmet Akın Sivaslıoğlu, Sezen Köseoğlu, Funda Dinç Elibol, Yelda Dere, Ayavar Cem Keçe, Eray Çalıřkan; Muğla, Ankara, İstanbul, Turkey
- ▶ **Transplantation and cervical dysplasia**
Transplantasyon ve servikal displazi
Ahmet Bilgi, Şevki Gökşun Gökulu, Orkun İlgen, Mehmet Kulhan, Seda Akgün Kavurmacı, Hüseyin Toz, Mustafa Coşan Terek; Konya, İzmir, Turkey
- ▶ **OBGYNs practice patterns regarding HPV testing**
Türkiye'de serviks kanseri taramasında HPV testi
Betül Akgün Aktaş, Tayfun Toptaş, Işın Üreyen, Selen Doğan, Aysel Uysal; Antalya, Turkey
- ▶ **Energy drinks and ovarian reserve**
Enerji içeceği ve over rezervi
Erkan Elçi, Gülhan Güneş Elçi, Numan Çim, İbrahim Aras, Sena Sayan, Recep Yıldızhan; İstanbul, Van, Turkey
- ▶ **Embryo transfer techniques in IVF-ICSI cycles**
IVF-ICSI sikluslarında embryo transfer teknikleri
Zeynep Öztürk İnal, Hasan Ali İnal; Konya, Turkey
- ▶ **Miyometrial thickness and isthmocele formation**
Miyometriyal kalınlık ve isthmosel oluşumu
Resul Karakuş, Sultan Seren Karakuş, Burak Güler, Gökhan Ünver, Enis Özkaya; İstanbul, Turkey
- ▶ **Blake's pouch cyst**
Blake's poş kisti
Mustafa Behram, Süleyman Cemil Oğlak, Fatma Ölmez, Zeynep Gedik Özköse, Sema Süzen Çaypınar, Yusuf Başkıran, Salim Sezer, Kadriye Erdoğan, Mehmet Aytaç Yüksel, İsmail Özdemir; İstanbul, Diyarbakır, Ankara, Turkey
- ▶ **Repeated dose of PGE2 vaginal insert**
PGE2 vajinal insertin tekrarlanan kullanımı
Ceyda Karadağ, Sertaç Esin, Yusuf Aytaç Tohma, Ethem Serdar Yalvaç, Tuğrul Başar, Burak Karadağ; Antalya, Ankara, Yozgat, Turkey





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STARD checklist for the reporting of studies of diagnostic accuracy (Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, Glasziou PP, Irwig LM, et al, for the STARD Group. Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative. *Ann Intern Med* 2003;138:40-4.) (<http://www.stard-statement.org/>),

STROBE statement-checklist of items that should be included in reports of observational studies (<http://www.strobe-statement.org/>),

MOOSE guidelines for meta-analysis and systemic reviews of observational studies (Stroup DF, Berlin JA, Morton SC, et al. Meta-analysis of observational studies in epidemiology: a proposal for reporting Meta-analysis of observational Studies in Epidemiology (MOOSE) group. *JAMA* 2000; 283: 2008-12).

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Manuscript Structure

All manuscripts must be submitted as Microsoft Word (.doc or .docx) files. All manuscript pages (including references, tables, and figure legends) must be double-spaced. Use a standard, 12-point typeface such as Times New Roman. Top, bottom, and side margins should be set at 1 inch. Authors must include the following in the manuscript file:



TURKISH JOURNAL OF OBSTETRICS AND GYNECOLOGY

INSTRUCTIONS FOR AUTHORS

Title Page

A separate title page should list;

-The manuscript title, which should contain no more than a total of 100 characters (counting letters and spaces) and should not be declarative; do not use abbreviations or commercial names in the title.

- A short title of no more than 50 characters, including spaces, for use as a running foot.

- All author name(s), institutional, corporate, or commercial affiliations, and up to two major degree(s).

- Corresponding author's name, address, telephone (including the mobile phone number), fax numbers and e-mail address (the corresponding author will be responsible for all correspondence and other matters relating to the manuscript).

Precis

The precis is a one-sentence synopsis of no more than 30 words that describes the basic findings of the article. Precis sample can be seen below:

'Using a 45 point questionnaire, we have evaluated the trend of Robotic surgery training in the gynecologic surgery fellowship programs across the nation!'

Abstract

All manuscripts should be accompanied by an abstract. All information in the abstract should be consistent with the information in the text, tables, or figures. Avoid use of commercial names in the abstract. Original research reports should have a structured abstract of no more than 250 words, using the following headings:

- Objective: Main question, objective, or hypothesis (single phrase starting with, for example, "To evaluate..." or "To estimate." [never start with "To determine."]).
- Materials and Methods: Study design, participants, outcome measures, and in the case of a negative study, statistical power.
- Results: Measurements expressed in absolute numbers and percentages, and when appropriate indicate relative risks or odds ratios with confidence intervals and level of statistical significance; any results contained in the abstract should also be presented in the body of the manuscript, tables, or figures.
- Conclusion: Directly supported by data, along with clinical implications.

Authors from Turkey or Turkish speaking countries are expected to submit a Turkish abstract including subheadings such as "Amaç, Gereç ve Yöntemler, Bulgular, Sonuç". The abstract of Authors whose native language is not Turkish will be provided free of charge translation services into Turkish language.

A structured abstract is not required with review articles and case reports.

Keywords

Below the abstract provide 3 to 5 keywords. Abbreviations should not be used as keywords. Keywords should be picked from the Medical

Subject Headings (MeSH) list (www.nlm.nih.gov/mesh/MBrowser.html).

Turkish abstracts should have keywords "Anahtar Kelimeler" picked from www.atifdizini.com under "Türkiye Bilim Terimleri" link.

Several types of articles can be submitted for publication in Turkish Journal of Obstetrics and Gynecology: Original research, case reports, systematic reviews, current commentaries, procedures and instruments, and letters. Stated word counts and page limits were shown in Table 1. Copyright transfer forms, the cover letter, and figures do not contribute to the page limits.

Table 1. Manuscript length at a glance

Article type	Abstract Length	Manuscript Word Count*	Maximum Number of Authors	Maximum Number of References [®]
Original Research	250 words	5,500 words (~22 pages) [®]	NA	30
Case report	150 words	2,000 words (~8 pages)	4	8
Systematic review	300 words	6,250 words (~25 pages)	4	60
Current commentary	250 words	3,000 words (~12 pages)	4	12
Procedure and Instruments	200 words	2,000 words (~8 pages)	4	10
Letters	NA	350 words	4	5

*Manuscript length includes all pages in a manuscript (ie, title page, abstract, text, references, tables, boxes, figure legends, and appendixes). [®]Suggested limit. [®]The Introduction should not exceed 250 words. [®]approximately; NA, not applicable.

Original researches should have the following sections;

Introduction

State concisely the purpose and rationale for the study and cite only the most pertinent references as background. Avoid a detailed literature review in this section.

Materials and Methods

Describe the research methodology (the patients, experimental animals, material and controls, the methods and procedures utilized, and the statistical method(s) employed) in sufficient detail so that others could duplicate the work. Identify methods of statistical analysis and when appropriate, state the basis (including alpha and beta error estimates) for their selection. Cite any statistical software programs used in the text. Express p values to no more than two decimal places. Indicate your study's power to detect statistical difference.

Address "IRB" issues and participants informed consent as stated above, the complete name of the IRB should be provided in the manuscript. State the generic names of the drugs with the name and country of the manufactures.

Results

Present the detailed findings supported with statistical methods. Figures and tables should supplement, not duplicate the text; presentation of data in either one or the other will suffice. Authors should report



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INSTRUCTIONS FOR AUTHORS

outcome data as both absolute and relative effects since information presented this way is much more useful for clinicians. Actual numbers and percentages should be given in addition to odds ratios or relative risk. When appropriate, number needed to treat for benefits (NNTb) or harm (NNTh) should be supplied. Emphasize only your important observations; do not compare your observations with those of others. Such comparisons and comments are reserved for the discussion section.

Discussion

Begin with a description of what your study found in relation to the purpose or objectives as stated in the Introduction. State the importance and significance of your findings to clinicians and actual patient care but do not repeat the details given in the Results section. Limit your opinions to those strictly indicated by the facts in your report. Compare your finding with previous studies with explanations in cases where they differ, although a complete review of the literature is not necessary.

Study Limitations

Provide information on the limitations of the study. No new data are to be presented in this section. A final summary is not necessary, as this information should be provided in the abstract and the first paragraph of the Discussion. Although topics that require future research can be mentioned, it is unnecessary to state, "Further research is needed."

Conclusion

The conclusion of the study should be highlighted. The study's new and important findings should be highlighted and interpreted.

Conflict of Interest

Authors must indicate whether or not they have a financial relationship with the organization that sponsored the research.

The main text of case reports should be structured with the following subheadings:

Introduction, Case Report, Discussion and References.

References

References are numbered (Arabic numerals) consecutively in the order in which they appear in the text (note that references should not appear in the abstract) and listed double-spaced at the end of the manuscript. The preferred method for identifying citations in the text is using within parentheses. Use the form of the "Uniform Requirements for Manuscripts" (<http://www.icmje.org/about-icmje/faqs/icmje-recommendations/>). If number of authors exceeds seven, list first 6 authors followed by et al.

Use references found published in peer-reviewed publications that are generally accessible. Unpublished data, personal communications, statistical programs, papers presented at meetings and symposia, abstracts, letters, and manuscripts submitted for publication cannot be listed in the references. Papers accepted by peer-reviewed publications but not yet published ("in press") are not acceptable as references.

Journal titles should conform to the abbreviations used in "Cumulated Index Medicus".

Examples

Journals; Zeyneloglu HB, Onalan G. Remedies for recurrent implantation failure. *Semin Reprod Med* 2014;32:297-305.

Book chapter; Ayhan A, Yenen MC, Dede M, Dursun P, Gultekin M. How to Manage Pre-Invasive Cervical Diseases? An Overview. In: Ayhan A, Gultekin M, Dursun P, editors. *Textbook of Gynaecological Oncology*. Ankara, Turkey: Gunes Publishing; 2010. p. 28-32.

Book; Arici A, Seli E. Non-invasive Management of Gynecologic Disorders. In: Arici A, Seli E (eds). *London: Informa Healthcare; 2008*.

Tables and Figures

Tables should be included in the main document after the reference list. Color figures or gray-scale images must be at minimum 300 DPI resolutions. Figures should be submitted in ".tiff", ".jpg" or ".pdf" format and should not be embedded in the main document. Tables and figures consecutively in the order they are referred to within the main text. Each table must have a title indicating the purpose or content of the table. Do not use internal horizontal and vertical rules. Place explanatory matter in footnotes, not in the heading. Explain all abbreviations used in each table in footnotes. Each figure must have an accompanying descriptive legend defining abbreviations or symbols found in the figure. If photographs of people are used, the subjects must be unidentifiable and the subjects must have provided written permission to use the photograph. There is no charge for color illustrations.

Units of Measurement and Abbreviations

Units of measurement should be in Système International (SI) units. Abbreviations should be avoided in the title. Use only standard abbreviations. If abbreviations are used in the text, they should be defined in the text when first used.

Revisions

Revisions will be sent to the corresponding author. Revisions must be returned as quickly as possible in order not to delay publication. Deadline for the return of revisions is 30 days. The editorial board retains the right to decline manuscripts from review if authors' response delays beyond 30 days. All reviewers' comments should be addressed a revision note containing the author's responses to the reviewers' comments should be submitted with the revised manuscript. An annotated copy of the main document should be submitted with revisions. The Editors have the right to withdraw or retract the paper from the scientific literature in case of proven allegations of misconduct.

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Accepted articles are provided with a DOI number and published as ahead of print articles before they are included in their scheduled issue.

Journal and Society Web sites:

www.tjod.org (Turkish Society of Obstetrics and Gynecology)

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CONTENTS

Clinical Investigations

- 1** Searching for radiologic and histologic evidence on live vaginal tissue: Does the G-spot exist?
Canlı vajinal dokuda radyolojik ve histolojik kanıt için araştırma: G-noktası var mı?
Ahmet Akın Sivaslıoğlu, Sezen Köseoğlu, Funda Dinç Elibol, Yelda Dere, Ayavar Cem Keçe, Eray Çalışkan; Muğla, Ankara, İstanbul, Turkey
- 7** Cervical dysplasia after renal transplantation: A retrospective cohort study
Renal transplantasyon sonrası servikal displazi: Retrospektif bir kohort çalışması
Ahmet Bilgi, Şevki Göksun Gökulu, Orkun İlgen, Mehmet Kulhan, Seda Akgün Kavırmacı, Hüseyin Toz, Mustafa Coşan Terek; Konya, İzmir, Turkey
- 15** Obstetrician-gynecologists' practice patterns regarding HPV testing in cervical cancer screening in Turkey
Türkiye'de kadın hastalıkları ve doğum uzmanlarının serviks kanseri taramasında HPV testi ile ilgili uygulama paternleri
Betül Akgün Aktaş, Tayfun Toptaş, Işın Üreyen, Selen Doğan, Aysel Uysal; Antalya, Turkey
- 23** Energy drinks may affect the ovarian reserve and serum anti-mullerian hormone levels in a rat model
Bir rat modelinde enerji içeceklerinin yumurtalık rezervi ve serum anti-müllerian hormon üzerine etkisi
Erkan Elçi, Gülhan Güneş Elçi, Numan Çim, İbrahim Aras, Sena Sayan, Recep Yıldızhan; İstanbul, Van, Turkey
- 30** The effect of embryo transfer technique on pregnancy rates in *in vitro* fertilization-intracytoplasmic sperm injection cycles: A prospective cohort study
İn vitro fertilizasyon intrasitoplazmik sperm enjeksiyon sikluslarında embriyo transfer tekniğinin gebelik sonuçlarına etkisi
- 37** Myometrial thickness overlying cesarean scar pregnancy is significantly associated with isthmocele formation in the third month of the postoperative period
Sezaryen skar gebeliği üzerindeki miyometriyal kalınlık, postoperatif dönemin üçüncü ayında istmosel oluşumu ile anlamlı ilişkilidir
Zeynep Öztürk İnal, Hasan Ali İnal; Konya, Turkey
- 44** Blake's pouch cyst: Prenatal diagnosis and management
Blake's poş kisti: Prenatal tanı ve yönetim
Resul Karakuş, Sultan Seren Karakuş, Burak Güler, Gökhan Ünver, Enis Özkaya; İstanbul, Turkey
- 50** Repeated dose of prostaglandin E2 vaginal insert when the first dose fails
İlk doz başarısız olduğunda prostaglandin E2 vajinal insertin tekrar kullanımı
Mustafa Behram, Süleyman Cemil Oğlak, Fatma Ölmez, Zeynep Gedik Özköse, Sema Süzen Çaypınar, Yusuf Başkıran, Salim Sezer, Kadriye Erdoğan, Mehmet Aytaç Yüksel, İsmail Özdemir; İstanbul, Diyarbakır, Ankara, Turkey
- Review**
- 56** Systematic review and meta-analysis of ropivacaine use in laparoscopic hysterectomy
Laparoskopik histerektomide ropivacain kullanımının sistematik derlemesi ve meta analizi
Ceyda Karadağ, Sertaç Esin, Yusuf Aytaç Tohma, Ethem Serdar Yalvaç, Tuğrul Başar, Burak Karadağ; Antalya, Ankara, Yozgat, Turkey



CONTENTS

Case Report

- 65** Gynecologic manifestations in Emberger syndrome
Emberger sendromunda jinekolojik belirtiler
Greg J Marchand, Ali Azadi, Katelyn Sainz, Sienna Anderson, Stacy Ruther, Kelly Ware, Sophia Hopewell, Giovanna Brazil, Alexa King, Kaitlyne Cieminski, Allison Steele, Jennifer Love; Arizona, USA, San Pedro, Belize, Basseterre, St. Kitts
- 68** Prenatal diagnosis and postnatal course in four fetuses with very rare pulmonary artery anomalies
Çok nadir görülen pulmoner arter anomalilerinin prenatal tanısı ve postnatal seyri
Hasan Yüksel, Emre Zafer; Aydın, Turkey
- 76** Prenatal diagnosis of persistent cloaca accompanied by uterus didelphys: A case report
Uterus didelphys'ye eşlik eden persistan kloakanın prenatal tanısı: Bir olgu sunumu
Koray Görkem Saçını, Gizem Oruç, Erdal Şeker, Mehmet Seçkin Özışık; Ankara, Turkey