Thai Journal of Obstetrics and Gynaecology
November 2026, Vol. 34, No. 6, pp. 425-426.

EDITORIAL

Intriguing Review and Topics in Sixth Issue of Thai Journal of Obstetrics and Gynaecology 2026

Vorapong Phupong, M.D., FRTCOG.*

** Editor in Chief, Thai J Obstet Gynaecol, The Royal Thai College of Obstetricians and Gynaecologists*

For Proof Only

This sixth issue of Thai Journal of Obstetrics and Gynaecology 2026 contains many interesting articles. The special article is "Selective fetal growth restriction in monochorionic twin pregnancy: A practical framework for intervention". The authors reviewed selective fetal growth restriction in monochorionic twin pregnancy in the aspect of diagnosis, pathophysiology, classification and natural history, surveillance and timing of delivery, and management options and the evidence[1].

This issue also contains six original articles.

Mueangchang performed a prospective diagnostic accuracy study to evaluate the diagnostic accuracy of an artificial intelligence (AI)-assisted colposcopy imaging system for detecting cervical precancerous lesions (CIN2+ and CIN1+) compared with conventional colposcopy. The results revealed AI-assisted colposcopy demonstrated less diagnostic performance for CIN2+ compared with conventional colposcopy but comparable performance for CIN1+[2].

Uatrongjit performed a three-arm randomized, placebo-controlled trial to compare the analgesic efficacy of 2% lidocaine gel, 10% lidocaine spray, and placebo during office-based endometrial sampling. The results showed neither topical 2% lidocaine gel nor 10% lidocaine spray significantly reduced pain compared with placebo during endometrial sampling[3].

Gonzalezrubio-Altamar et al performed a retrospective cohort study to evaluate the prognostic performance of the FullPIERS (full Pre-eclampsia Integrated Estimate of RiSk) model in predicting severe maternal and perinatal complications in patients with severe preeclampsia. They found a FullPIERS-estimated probability ≥ 1% was associated with an 11-fold higher risk of severe maternal complications [odds ratio 11.09, 95% confidence interval 3.87, 31.72] (sensitivity 55%, specificity 90.08%, positive predictive value 45.83%, negative predictive value 92.91%)[4].

Phontham et al performed a double-blind, randomized, placebo-controlled trial to study the efficacy of curcumin for preventing postoperative bowel ileus after total abdominal hysterectomy for benign gynecologic surgery. They found the incidence of ileus symptoms in the intervention group was shown to be significantly lower when compared to the control group[5]. The results were similar to other interventions such as oral ginger powder and metoclopramide[6, 7].

Sangsitong et al performed a diagnostic predictive model study to develop prediction score for positive surgical margins after loop electrosurgical excision procedure (LEEP) in women with high-grade cervical

intraepithelial neoplasia. The results showed at a cutoff score of ≥ 4, the model yielded a sensitivity of 83.18%, specificity of 58%, positive predictive value of 67.9%, and negative predictive value of 76.3%[8].

Triniti et al performed a randomized controlled trial to compare early cesarean scar morphology between three-layer anatomical uterine closure and conventional two-layer closure, using the residual- to-adjacent myometrial thickness ratio (RMT/AMT) at 6 weeks postpartum. They found three-layer anatomical uterine closure was associated with a higher RMT/AMT ratio and lower niche depth and niche depth/AMT ratio at 6 weeks postpartum than conventional two-layer closure[9].

Finally, the 41st Annual Meeting of the Royal Thai Colleague of Obstetricians and Gynecologists (RTCOG) already held from October 27-30, 2026 at the Dusit Thani Pattaya Hotel, Chonburi Province, Thailand. The theme of the meeting is "Women's Health in a Changing World." This meeting was successful with 1,400 delegates.

References

1. Phithakwatchara N, Nawapun K, Watananirun K, Auwattanamongkol T, Kaewsrinual S, Viboonchart S, et al. Selective fetal growth restriction in monochorionic twin pregnancy: A practical framework for intervention. Thai J Obstet Gynaecol 2026;34:427-35.
2. Mueangchang M. Diagnostic accuracy of AI-assisted colposcopy for detection of cervical precancerous lesions at Buddhachinaraj Hospital. Thai J Obstet Gynaecol 2026;34:436-48.
3. Uatrongjit N. Pain control during endometrial sampling: A three-arm randomized controlled trial comparing lidocaine gel, spray, and placebo. Thai J Obstet Gynaecol 2026;34:449-58.
4. Gonzalezrubio-Altamar C, Turizo-Lengua MF, Sundhein-Carretero JP, Morales-Moncada K, Rivas-Perdomo E. Performance of the FullPIERS model for the determination of maternal and perinatal complications in patients with severe preeclampsia in cartagena, Colombia. Thai J Obstet Gynaecol 2026;34:459-69.
5. Phontham S, Tangsiriwatthana T. The efficacy of curcumin for preventing postoperative bowel ileus after total abdominal hysterectomy for benign gynecologic surgery: A randomized controlled trial. Thai J Obstet Gynaecol 2026;34:470-79.
6. Lorsirirat W, Srinil S. The efficacy of oral ginger powder in prevention of postoperative ileus after benign gynecologic hysterectomy: A randomized controlled trial. Thai J Obstet Gynaecol 2025;33:266-75.
7. Sillapasa C, Jeerasap R, Tangsiriwatthana, T. Metoclopramide for preventing ileus after benign gynecologic surgery: A randomized controlled trial. Thai J Obstet Gynaecol 2023;31:192-200.
8. Sangsitong N, Rodpenpear N. The new scoring system for predicting positive surgical margins of high-grade cervical intraepithelial neoplasia after loop electrosurgical excision procedure. Thai J Obstet Gynaecol 2026;34: 480-90.
9. Triniti A, Riratanapong P. Three-layer anatomical uterine closure versus conventional two-layer closure for early cesarean scar sonographic morphology: A randomized controlled trial. Thai J Obstet Gynaecol 2026;34:491-501.

For Proof Only