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EDITORIAL

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Announcing the winner of the John J. Sciarra IJGO Prize Paper Award for 2016

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CLINICAL ARTICLE

Randomized controlled trial comparing ondansetron and placebo for the reduction of spinal anesthesia-induced hypotension during elective cesarean delivery in Egypt

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ABSTRACT

Objective: To evaluate the effect of prophylactic ondansetron on spinal anesthesia-induced hypotension and bradycardia among patients undergoing elective cesarean deliveries. *Methods:* A prospective, double-blind, randomized, placebo-controlled trial enrolled patients aged 20–40 years scheduled for elective cesarean delivery under spinal anesthesia between January 1, 2015 and January 31, 2016 at Menoufia University Hospital, Egypt. Patients were randomized to receive intravenous ondansetron 4 mg in 10 mL of saline or 10 mL of saline. Participants and investigators were masked to group assignments. The primary outcomes were systolic and diastolic blood pressure, mean arterial pressure, and heart rate, measured at baseline, 10-minute intervals to 60 minutes, and at 2 hours. Per-protocol analyses were performed including patients who delivered under spinal anesthesia. *Results:* The analyses included 50 patients in each group. Decreases in systolic blood pressure were reduced among patients receiving ondansetron at all time points ($P < 0.05$) and diastolic blood pressure did not differ between the groups ($P > 0.05$). Among patients who received ondansetron, mean arterial pressure was higher immediately and 30 minutes after spinal anesthesia ($P < 0.05$), higher heart rates were recorded immediately, 20 minutes, and 50 minutes after anesthesia ($P < 0.05$), and the incidence of nausea ($P = 0.020$) and vomiting ($P = 0.031$) were lower. *Conclusion:* Prophylactic intravenous ondansetron significantly reduced hypotension and heart-rate fluctuations among patients undergoing elective cesarean deliveries under spinal anesthesia.
Pan African Clinical Trials Registry: PACTR 201601001397193

The editors of the International Journal of Gynecology and Obstetrics (IJGO) are pleased to announce the winner of the prize paper award for the best clinical research paper from a low- or middle-income country published in the IJGO during 2016. The winning paper is: Nabih I. El Khouly, Ashraf M. Meligy. **Randomized controlled trial comparing ondansetron and placebo for the reduction of spinal anesthesia-induced hypotension during elective cesarean delivery in Egypt**. Int J Gynecol Obstet 2016;135:205–9. It was published in the November 2016 issue of the IJGO.

This award brings with it a stipend of £800, a certificate of recognition, and complimentary access to the online version of the IJGO for a period of 1 year from the date the prize is awarded.

All clinical research articles submitted to the IJGO from low- and middle-income countries that were published in 2016 were considered for this prize. The paper was chosen from 103 qualifying articles. Selection and review were undertaken by the editors and the decision was endorsed by the Editorial Board of the IJGO.

Additional papers that are worthy of special recognition are awarded an honorable mention. While the honorable mention recognition does not include a financial award, each author receives a certificate of recognition and a letter of commendation from the editors of the IJGO.

The IJGO Prize Paper Award was established in 1998 for the purpose of encouraging investigators, especially young scientists, from low- and middle-income countries to submit their best clinical research articles for publication in the Journal. The IJGO is the official publication of the International Federation of Gynecology and Obstetrics (FIGO), the primary international organization for the specialty of obstetrics and gynecology. FIGO is dedicated to enhancing the health care of women worldwide.

The following 11 papers receive an honorable mention.

HONORABLE MENTIONS 2016

India

Anjum S, Goel N, Sharma R, Mohsin Z, Garg N. Maternal outcomes after 12 hours and 24 hours of magnesium sulfate therapy for eclampsia. Int J Gynecol Obstet 2016;132:68–71.

Egypt

El-khayat W, Abdel Moety G, Al Mohammady M, Hamed D. A randomized controlled trial of clomifene citrate, metformin, and pioglitazone versus letrozole, metformin, and pioglitazone for clomifene-citrate-resistant polycystic ovary syndrome. Int J Gynecol Obstet 2016;132:206–9.

India

Jain S, Guleria K, Suneja A, Vaid NB, Ahuja S. Use of the Sequential Organ Failure Assessment score for evaluating outcome among obstetric patients admitted to the intensive care unit. Int J Gynecol Obstet 2016; 132:332–6.

Turey

Cirik DA, Kinay T, Keskin U, Ozden E, Altay M, Gelisen O. Success rates of single-dose methotrexate and additional dose requirements among women with first and previous ectopic pregnancies. Int J Gynecol Obstet 2016;133:49–52.

Nigeria

Ugwu IA, Oluwasola TA, Enabor OO, Anayochukwu-Ugwu NN, Adeyemi AB, Olayemi OO. Randomized controlled trial comparing 200 μg and 400 μg sublingual misoprostol for prevention of primary postpartum hemorrhage. Int J Gynecol Obstet 2016;133:173–7.

Brazil

Dos Santos Melli PP, Duarte G, Quintana SM. Multivariate analysis of risk factors for the persistence of high-grade squamous intraepithelial lesions following loop electrosurgical excision procedure. Int J Gynecol Obstet 2016;133:234–7.

Egypt

Elsedeek MS. Comparison between the traditional non-guided and a novel ultrasound-guided technique for office fitting of intrauterine contraceptive devices. Int J Gynecol Obstet 2016;133:338–41.

Iran

Haghighi L, Nasiri N, Ebrahimi A, Najmi Z, Moradi Y, Hashemi N. Predictive value of 4-, 8-, and 12-h urine protein and protein-to-creatinine ratio for detection of pre-eclampsia. Int J Gynecol Obstet 2016;134:62–5.

China

Fu Q, Lin J. Predictive accuracy of three clinical risk assessment systems for cardiac complications among Chinese pregnant women with congenital heart disease. Int J Gynecol Obstet 2016;134:140–4.

Brazil

Carreiro AV, Micelli LP, Sousa MH, Bahamondes L, Fernandes A. Sexual dysfunction risk and quality of life among women with a history of sexual abuse. Int J Gynecol Obstet 2016;134:260–3.

Nigeria

Awowole IO, Makinde ON, Badejoko OO, Omoniyi-Esan GO, Tijani AM, Ajenifuja KO, Loto OM. Clinical correlates of leiomyoma estrogen and progesterone receptors among Nigerian women. Int J Gynecol Obstet 2016;135:314–8.

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