



Simona Martone

Data di nascita: 19/11/1991 | **Nazionalità:** Italiana | **Sesso:** Femminile | **Numero di telefono:**

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● ESPERIENZA LAVORATIVA

28/12/2017 – 29/12/2022 Siena, Italia

MEDICO IN FORMAZIONE SPECIALISTICA IN GINECOLOGIA ED OSTETRICIA AZIENDA OSPEDALIERO UNIVERSITARIA SENESE

Medico in formazione specialistica.

31/12/2018 – 27/02/2019 Arezzo

MEDICO IN FORMAZIONE SPECIALISTICA ESTERNA - AREA VASTA OSPEDALE SAN DONATO DI AREZZO

31/07/2020 – 29/09/2020 Arezzo

MEDICO IN FORMAZIONE SPECIALISTICA ESTERNA - AREA VASTA OSPEDALE SAN DONATO DI AREZZO

30/09/2020 – 29/11/2020 Bologna, Italia

MEDICO IN FORMAZIONE SPECIALISTICA FUORI RETE FORMATIVA POLICLINICO SANT'ORSOLA-MALPIGHI

Approfondimento ed acquisizione di competenze in campo di ecografia ginecologica di secondo livello, 3D ed isterosonosalpingografia.

01/04/2022 – 15/09/2022 Napoli, Italia

MEDICO IN FORMAZIONE SPECIALISTICA FUORI RETE FORMATIVA AZIENDA OSPEDALIERA UNIVERSITARIA - FEDERICO II

Acquisizione di competenze in isteroscopia diagnostica ed operativa ed in diagnostica ecografica ginecologica.

Acquisizione di competenze come primo operatore di isteroscopie ambulatoriali diagnostiche.

Acquisizione di competenze come primo operatore di isteroscopie ambulatoriali operative.

Acquisizione di competenze come primo operatore di isteroscopie operative in sedazione.

Approfondimento diagnostica ecografica II livello, con particolare attenzione alla ricostruzione 3D di malformazioni uterine, con corretta misurazione preoperatoria.

● ISTRUZIONE E FORMAZIONE

30/09/2010 – 22/03/2017 Italia

LAUREA MAGISTRALE Università degli Studi della Campania Luigi Vanvitelli

Campo di studio Medicina | **Voto finale** 110/110 e lode |

Tesi Nuovi anticoagulanti orali nella terapia della fibrillazione atriale in pazienti portatori di protesi valvolare biologica

DIPLOMA Liceo Classico Domenico Cirillo

Voto finale 93/100

COMPETENZE LINGUISTICHELingua madre: **ITALIANO**

Altre lingue:

	COMPRESIONE		ESPRESSIONE ORALE		SCRITTURA
	Ascolto	Lettura	Produzione orale	Interazione orale	
INGLESE	B2	B2	B2	B2	B2

*Livelli: A1 e A2: Livello elementare B1 e B2: Livello intermedio C1 e C2: Livello avanzato***COMPETENZE DIGITALI**

Padronanza del Pacchetto Office (Word Excel PowerPoint ecc) | Gestione autonoma della posta e-mail | Microsoft Office | Social Network | Utilizzo del browser | Google | Windows | GoogleChrome | InternetExplorer | Posta elettronica | Mozilla Firefox | Buona padronanza del pc dei software ad esso correlati e del pacchetto Office | Instagram | Elaborazione delle informazioni | Gmail | Skype

ULTERIORI INFORMAZIONI**PUBBLICAZIONI****[Pathophysiologic mechanisms by which adenomyosis predisposes to postpartum haemorrhage and other obstetric complications](#)**

– 2020

Adenomyosis is characterized by the presence of ectopic endometrium within the myometrium. This features lead to structural changes in the surrounding myometrium and endometrium resulting also in functional changes. Alterations in the myometrium are suspected to lead to defective remodeling of spiral arteries during the early stages of decidualization resulting in altered vascular resistance and defective placentation. These alterations could play a common part in the association between adenomyosis and major obstetric complications. Latest epidemiological studies show that adenomyosis is associated with preterm birth, preeclampsia, IUGR and increased caesarean section rates, but very little is known of any underlying mechanism linking postpartum hemorrhage and adenomyosis. It is our opinion that adenomyosis may increase the risk of postpartum hemorrhage through several mechanisms that will be further clarified.

Women with adenomyosis may require specific management during pregnancy and may benefit from wider understanding of the pathological mechanisms associated with this disease process.

[Role of medical treatment of endometriosis](#) – 2021

Endometriosis is a chronic benign disease that affects women of reproductive age. Medical therapy is often the first line of management for women with endometriosis in order to ameliorate symptoms or to prevent post-surgical disease recurrence. Currently, there are several medical options for the management of patients with endometriosis and long-term treatments should balance clinical efficacy (controlling pain symptoms and preventing recurrence of disease after surgery) with an acceptable safety-profile. Non-steroidal anti-inflammatory drugs (NSAIDs) are widely used in the treatment of chronic inflammatory conditions, being efficacious in relieving primary dysmenorrhea. Combined oral contraceptives and progestins, available for multiple routes of administration, are commonly administered as first-line hormonal therapies. Several studies demonstrated that they succeed in improving pain symptoms in the majority of patients; moreover, they are well tolerated and not expensive. Gonadotropin-releasing hormone-agonists are prescribed when first line therapies are ineffective, not tolerated or contraindicated. Even if these drugs are efficacious in treating women not responding to COCs or progestins, they are not orally available and have a less favorable tolerability profile (needing an appropriate add-back therapy). Because few data are available on long-term efficacy and safety of aromatase inhibitors they should be reserved only for women with symptoms who are refractory to other treatments only in a research environment. Almost all of the currently available treatment options for endometriosis suppress ovarian function and are not curative. For this reason, research into new drugs is unsurprisingly demanding. Amongst the drugs currently under investigation, gonadotropin-releasing hormone antagonists have shown most promise, currently in late-stage clinical development. There is a number of potential future

therapies currently tested only *in vitro*, in animal models of endometriosis or in early clinical studies with a small sample size. Further studies are necessary to conclude whether these treatments would be of value for the treatment of endometriosis.

Adnexal masses during pregnancy: management for a better approach – 2021

The incidence of adnexal masses, due to large use of ultrasound during pregnancy, has considerably increased during last years. Large percentage of ovarian masses found during pregnancy consists in simple cysts and they tend to disappear spontaneously during pregnancy. There are still a percentage of masses that persist in second and third trimester that need to be monitored and, sometimes, surgically removed. If the mass increases in size, sometimes, it is itself an indication for delivery via cesarean section. Keeping in mind that adnexal masses diagnosed in pregnancy are generally benign, it is essential to consider that ovarian cancer still represents the second gynecological tumor for incidence after cervical cancer during pregnancy. Most patients are clinically asymptomatic and diagnosis is often a random finding during scheduled ultrasound for pregnancy follow-up. Sometimes, the finding of an ovarian mass requires other imaging technique such as magnetic resonance imaging. Computed tomography is avoided during pregnancy due to negative effects on fetus. Treatment option should be discussed and a multidisciplinary approach is required to set an individualized plan, considering both mother and fetus. Sometimes the differential diagnosis between benign masses and malignancy is not feasible only through imaging, so that surgical intervention with histological examination is mandatory, even during pregnancy. Plus, although ovarian cyst torsion, hemorrhage, or rupture is uncommon in pregnancy, some women may require emergency surgery for these complications. Until 90s pregnancy was considered an absolute contraindication for laparoscopy, but nowadays both open surgery and laparoscopy can be performed considering mass diameter, gestational age, and surgical expertise. Emerging data are indeed confirming the advantages of laparoscopic surgery compared with laparotomy in term of recovery and need for medical care. The purpose of this review is to assess the incidence of adnexal masses during pregnancy and examine their impact on obstetric outcomes.

Ultrasound Findings of Adenomyosis in Adolescents: Type and Grade of the Disease – 2021

Study Objective

To evaluate the ultrasound features, types, and degrees of adenomyosis among adolescents and to correlate these findings with clinical symptoms

Design

A retrospective observational study.

Setting

Gynecological ultrasound units from January 2014 to June 2020.

Patients

A total of 43 adolescents (aged 12–20 years) who were diagnosed as having adenomyosis at a pelvic ultrasound examination.

Interventions

Ultrasound features and location and type of adenomyosis within the uterus were evaluated on stored 2-dimensional images and videos and 3-dimensional volumes. Adenomyosis was classified as mild, moderate, and severe according to the extension of the disease in the uterus as described in our previous published classification.

Measurements and Main Results

Adenomyotic features recorded among our population were myometrial hyperechoic areas, uterine wall asymmetry, intramyometrial cystic areas, and some types of junctional zone alterations. The posterior uterine wall (58%) and the outer myometrial layer (93%) were mostly affected. In 44% of adolescents (19/43) with adenomyosis, at least 1 location of pelvic endometriosis was documented. Dysmenorrhea was the most commonly reported symptoms (88%), and it was associated with adenomyosis of the outer myometrium, myometrial hyperechoic areas, uterine wall asymmetry, and intramyometrial cystic areas. Adolescents with dyspareunia showed diffuse adenomyosis (9/9 patients) including both the inner and outer myometrium (7/9 patients) and in the posterior wall (7/9 patients). Heavy menstrual bleeding was associated with diffuse adenomyosis (18/23 patients) mostly of the outer myometrium (22/23 patients). Scoring system showed predominantly mild disease and no severe adenomyosis was found. Adolescents with diffuse adenomyosis were significantly older and showed a high percentage of heavy menstrual bleeding compared with those with the focal disease of the inner myometrium.

Conclusion

This study shows that adenomyosis is not only a pathology of adult life, but it involves young patients mostly in a mild-to-moderate form and is associated with typical painful symptoms. In adolescents, the

diagnosis of adenomyosis is feasible through a noninvasive way with ultrasound and a proper management can be set.

Management of perimenopause disorders: hormonal treatment – 2021

Perimenopause represents a transition period of a woman's life during which physiological, affective, psychological, and social changes mark progression from a woman's fertile life to menopause, with wide sexual hormones fluctuations until the onset of hypergonadotropic hypogonadic amenorrhea.

Contraception during menopause should not only avoid unwanted pregnancies, but also improve quality of life and prevent wide range of condition affecting this population. Hormonal contraceptives confer many noncontraceptive benefits for women approaching menopause: treatment of abnormal uterine bleeding, relief from vasomotor symptoms, endometrial protection in women using estrogen therapy, musculoskeletal protection, and mood disorders protection. The main point remains selecting the most adequate contraceptive option for each woman, considering her risk factor, comorbidities, and keeping in mind the possibility of continuing contraception until reaching menopause and even further, creating a bridge between perimenopause and menopause hormonal therapy. Correct perimenopause management should rely on individualized medical therapy and multidisciplinary approach considering lifestyle and food habits as part of general good health of a woman.

Autorizzo il trattamento dei miei dati personali presenti nel CV ai sensi dell'art. 13 d. lgs. 30 giugno 2003 n. 196 - "Codice in materia di protezione dei dati personali" e dell'art. 13 GDPR 679/16 - "Regolamento europeo sulla protezione dei dati personali".

Cortona , 04/08/2023