



FERTILITY OUTCOME AFTER RELAPAROSCOPY IN PELVIC ENDOMETRIOSIS

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Objective:

Endometriosis is a common, chronic disease. Although women may be asymptomatic, most women typically present pelvic pain, infertility or chocolate cyst. Treatment of endometriosis in the setting of infertility raises a number of complex clinical questions, the purpose of this document is to review the current status of previous laparoscopic surgery in endometriosis who didn't achieve pregnancy after 3 years follow up with normal ovarian reserve.

Methodology and Result:

We had done 2nd look laparoscopy in 200 cases from the period of January 2012 to January 2016, with one year follow up of all cases who had not achieved pregnancy within 3 years after initial laparoscopic surgery due to pelvic endometriosis or endometrioma. Exclusion criteria was patients' age above 40 years, ovarian reserve was subnormal. Initial lap- surgery for endometriosis stage I were 11(5.5%), stage II 53 (26.5%) stage III 66 (33%), stage – IV 39 (19.5%) inadequate or no documentation were 31 (15.5%). Re laparoscopic findings were normal pelvic anatomy 17 (8.5%), mild endometriosis 19 (9.5%). Unilateral & bilateral adhesion were 25(12.5%) & 48(24%) respectively. Unilateral & bilateral endometrioma were 46 (23%), 20 (10%), Short tube with fimbrial agglutination 17 (8.5%). Conversion to laparotomy followed by total abdominal hysterectomy and bilateral salpingo-oophorectomy were 8. The surgeries which we had done, removal of the scar tissue around the tubes and ovaries (salpingolysis or ovariolysis) and opened blocked tubes of 92 cases, cystectomy and reconstruction of pelvic anatomy in 70 cases, normal findings were 19 cases, advice for IVE and ET for bilateral blocked tube in 11 cases. After lap-surgery, clomiphene / letrol was used in 168 cases. 12 cases 1st used danazol / dinogest for 6 -9 months followed by ovulation inducing drugs. Within one to three year follow up, 59 cases achieved pregnancy, abortion 2 and rest are under observation.

In conclusion:

2nd time lap-surgery is mandatory for those whose fertility did not improve after initial laparoscopic correction after a certain period of observation because delayed pregnancy predisposes women to developing endometriosis. In these cases, if the pelvic anatomy is very distorted avoid IUI and advice for IVF and ET.

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