

Endometriosis Cyst, Ethanol Sclerosis After Ultrasound Guided Aspiration vs Convencional Surgery

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OBJECTIVE:

To compare the effectiveness of ethanol sclerosis after ultrasound (US) guided aspiration in the treatment of ovarian endometrioma cyst versus conventional surgery.

METHODS:

A prospective cohort of ovarian endometrioma cyst undergoing ethanol sclerolysis after US was compared to data from conservative surgery according to the literature. The cohort included 30 patient treated at the Hospital Universitario Bellvitge from January 2005 to January 2016. The inclusion criteria were women <50 y/o, ovarian endometrioma cyst suspicion by US according to IOTA criteria, cyst diameter between 30-100 mm and endometriosis stages I-II according to the ASRM guidelines (no severe endometriosis findings aside from ovarian endometrioma). Exclusion criteria were stages III-IV according to the ASRM and high elevation on tumoral markers (Ca125>200 UI/mL or HE4 > 70pM). Clinical data recorded was: age, size of the endometrioma (mm), minor and mayor complications (those who required an active medical performance as re-intervention, blood transfusion, organ damage or death), hospital stance (days), recurrence (more than 30 mm cyst after treatment). Patient?s follow-up was 2 years.

RESULTS:

The recurrence rate in the ethanol sclerotherapy cohort was 10% (3 out of 30) vs a median of 30% in overall recurrence rate after laparoscopic conservative surgery in the literature. Liu et al (2007) reported 229 recurrences out of 710 patients, and Koga et al (2006), 68 out of 224. The differences observed were statistically significant (Fisher exact test = 0,0002). The median size of the endometrioma in our cohort was 62,5mm and no major complications were found. None of the patients required hospitalization.

CONCLUSIONS:

US guided sclerosis of ovarian endometriomas seems to be more effective than conventional surgery in the treatment of women diagnosed with endometriosis in early stages and it should be taken into account when facing this disease.

Mots clefs :

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Références : , , ,

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