

# FOLLOW-UP OF ENDOMETRIOSIS LAPAROSCOPIC SURGERY

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## INTRODUCTION

Treatment of endometriosis consists in relieving chronic pelvic pain and recovering fertility. Medication and surgery have been used to treat endometriosis, but do not cure or eliminate symptoms for a long time. The prevalence of recurrence in 5 years? time is 36-57%.

Literature shows that surgical treatment of endometriosis is effective in relieving pain, and seems to be the definitive therapy for women with exacerbated symptoms. Pharmacological treatment may improve the prevalence of remission after surgery.

The aim of this study is to analyze the evolution of patients with endometriosis undergoing surgery, the need for treatment and clinical outcomes during the follow-up.

## METHODS

A total of 88 women with suspected endometriosis underwent surgical treatment between January 2009 and December 2011.

20 of them had history of previous surgery, 9 (45%) of which were due to endometriosis.

96% were operated by laparoscopy. 26 unilateral cystectomy (29,5%), 12 bilateral cystectomy (13,6%) and 16 unilateral oophorectomy (18%) in addition to 1 bilateral oophorectomy (1%). Other surgical interventions were adhesiolysis, simple salpingectomy and two cases of hysterectomy.

73 patients underwent follow-up during the first year. 34 (47%) of them did not need any treatment, while 39 did required it: 29 (74%) with combined hormonal contraception, 3 (7%) with continuous progestins and 7 (19%) with anti-inflammatory drugs.

Among these patients, during the first year, 45 remained asymptomatic (61,6%), getting pregnant 9 of them. The remaining 28 had partial improvement of the symptoms (30%), while 6 did not improve at all (8%).

During the second year of treatment, 48 remained asymptomatic (65%) and 20 improved partially (27%).

## CONCLUSION

Our data suggested that surgery reduces pain and improves fertility rates by itself, even more with the use of hormonal treatment after surgery. Treatment of endometriosis is, therefore, a challenge for gynecologists and patients, as they must select the best therapeutic approach for this disease

Mots clefs : laparoscopic surgery, endometriosis, follow-up, pharmacological treatment

Auteurs :

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