## The new ways to the ovarian reserve's preservation of patients with endometriomas and infertility.

Abstract ID: 1687

Soumis par : Natalia Kuzmina Le 2016-03-14 21:48:50

Nom de la catégorie : SEUD CONGRESS

Typologie : Poster Statut : validé

Autorisation de diffusion : Yes/Oui

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Actuality. According to many researches, ovarian reserve of the patiens with endometriosis mainly decreases after surgery therefore we need the search of new methods of surgical treatment endometriosis that would increase the chances of ovarian's tissue preservation and respectively minimize influence of operative trauma on ovarian reserve's state

Object. To give the comparative assessment of ovarian reserve's state after laparascopic removal of endometriomas with the use of bypolar coagulations and without that of surgical energies but with the use of hemostatics matrix (SURGEflo and surgicel, Johnson & Johnson).

Materials and methods. During May-December 2015, 21 infertility patients with low ovarian reserve (AMH <1) and 12 infertility patients who had endometriomas (AMH>1) were included in the research study. 9 patients were operated in a new way with application of hemostatic matrix without use of surgical energies, 11 patients being operated classicaly with application of bypolar coagulation. 5 patients of those who had decrease ovarian reserve were operated with the use of hemostatic matrix, 7 patients had being operated with the usual method with application of bypolar coagulation. There were not any complications during surgery and after that. Every patient was examined by standard method of ovarian reserve's determination: there were AMH-, FSH- levels measured before surgery (on the 2-5 day of menstrual cycle) and according to USE the evaluation of quantity of follicles and volume of ovaries. During postoperative period, 3 months later, was repeated studied the ovarian reserve of all groups of patients was repeatly studied. It is revealed that in group of patients with low ovarian reserve after surgery with the use of hemostatic matrix AMH-level decreased insignificantly (from 0.87 to 0.79 ng/ml, in average), while in the group of patients undergone bypolar coagulation, more significant drop of AMH-level (on 0.13 ng/ml in average). Evaluating the control group on has to note that the postoperative period had lowed AMG-level: about 0.7 ng/ml in group of patients who were operated without coagulation of ovarians' tissue and about 1.1 ng/ml after bypolar coagulation.

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Mots clefs: Ovarian reserve, endometriosis, fertility, surgery

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