

Can Argon Plasma Coagulation treatment of Endometriomas protect ovarian reserve?

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Endometriosis is a disease affecting 10% of reproductive aged women, and up to 50% of women undergoing subfertility investigation. Endometriomas are seen in 17–44% of women with endometriosis and are associated with decreased fecundity and Artificial Reproductive Technology (ART) rates due to higher oxidative stress damaging surrounding follicles resulting in lower follicular density. Current guidelines recommend excision of endometriomas ≥ 4 cm prior to ART proceedings. Unfortunately, this is associated with a reduction in AMH indicative of a reduction in ovarian reserve. Argon Plasma Coagulation (APC) utilises a jet of ionised argon gas resulting in coagulation of only a few millimetres in depth. It has been used widely in gastrointestinal and general surgery with great success. We have utilised the APC in a pilot study of endometrioma wall ablation. It minimises ovarian trauma, bleeding is reduced, ovarian suturing is not required, and has a significantly gentler learning curve than laparoscopic cystectomy. Histological results show full thickness ablation of the capsule with minimal damaging spread into healthy ovarian cortex. It is a non-contact laparoscopic instrument with minimal thermal spread that should be a regularly utilised tool for the gynaecologist in the treatment of endometriomas.

Keywords : Endometriosis, Endometrioma, APC, Argon Plasma Coagulation, fertility

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