

EXPERIENCE REPORT OF THE NEW AAGL SCORE CLASSIFICATION SYSTEM IN OUR ENDOMETRIOSIS UNIT.



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INTRODUCTION:

Recently the new AAGL score classification system has been published, an anatomy - based and user-friendly scoring system to evaluate surgical complexity. The system defines four levels of surgical difficulty, even though there is a lack of strong agreement between ASRM, which is the most widely used classification to date, and the new one. Since its publication in Nov 2021, we have implemented it in all our laparoscopic surgical procedures.

MATERIAL AND METHODS:

This descriptive study was carried out after the application of the new AAGL score in our endometriosis unit. At the end of surgery, the score was calculated using the APP and recorded in the surgical report of all our patients. Demographic data, intraoperative outcomes and postoperative complications were collected. In addition patients were stage according to the ASRM as before.

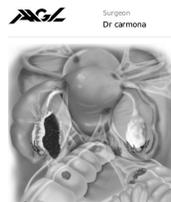
Superficial	Score
< 3 cm	2
≥ 3 cm	4
Vagina (muscularis)	Score
< 3 cm	5
≥ 3 cm	8
Left Ovary	Score
Superficial	2
< 3 cm	5
≥ 3 cm	7
Left Uterer	Score
Distans	6
Interms	8
Proximor	9
Left Fallopian Tube	Score
Slight normal anastomosis (distal)	2
Moderate irregularity	4
Severe irregularity	6
Complete obstruction	7
Cell-sar obliteration	Score
Partial	6
Complex	9
Rectum/Sigmoid colon	Score
None	7
< 3 cm	9
Retrorogical system	Score
Present	8



AAGL Endometriosis Stage	Total Score
Stage 1	≤8
Stage 2	9 to 15
Stage 3	16 to 21
Stage 4	>21

*Abrao et al. JMIG Sept 2021

Retrorogical	Score
< 3 cm	5
≥ 3 cm	8
Hilber disease	Score
< 3 cm	2
≥ 3 cm	7
Right Ovary	Score
Superficial	2
< 3 cm	5
≥ 3 cm	7
Right Uterer	Score
Distans	6
Interms	8
Proximor	9
Right Fallopian Tube	Score
Slight normal anastomosis (distal)	2
Moderate irregularity	4
Severe irregularity	6
Complete obstruction	7
Small Bowel Cecum	Score
< 3 cm	6
≥ 3 cm	8
Appendix	Score
Present	8



Stage	Points
No Endometriosis	0
I	≤8
II	9 to 15
III	16 to 21
IV	>21

Surgeon	Hospital
Dr carmona	Hospital clinic barcelona
	Peritoneal (Superficial)
	Left Ovary
	Right Ovary
	Left Fallopian Tube
	Right Fallopian Tube
	Left Ureter
	Right Ureter
	Bladder/Detrusor
	Cul-de-Sac Obliteration
	Vagina (Muscularis)
	Retrocervical
	Rectovaginal Septum
	Rectum/Sigmoid Colon
	Small Bowel/Cecum
	Appendix

Since its implementation a total of 25 patients undergoing endometriosis surgery were scored (Nov 2021-Feb 2022).

RESULTS

Most of the patients had 1 endometriosis previous surgery. The main indication for surgery was severe pain (VAS ≥7). 64 % patients underwent complete surgery including hysterectomy. 3 segmental bowel resections were performed. Longer operative times corresponded to more complex AAGL scores (IV).

Although the majority of surgical procedures were staged as complex, none major complications were detected: only 3 patients presented CD type II complications.

72% of patients showed the same stage within both systems. (it was stage IV for all cases). The rest of patients presented major scores at ASRM classification but it was not related with more complex surgeries.

Clinical Characteristics N =25 patients

Age (mean SD)	39.36 ± 4.85
BMI (mean SD)	23,75 ±27,29
Mean operative time min (mean SD)	147,96 ±53.59
ASRM stage (n)	
II -Mild	2
III-Moderate	4
IV- Severe	19
AAGL score (n)	
Score I	3
Score II	3
Score III	2
Score IV	17

CONCLUSION:

The application of this classification system has been systematically implemented in all medical and surgical records after surgery in our endometriosis unit. It has been easy, feasible and especially fast if we use the APP to save patient data. Further studies correlating clinical postoperative outcomes according to the complexity score would be helpful to detect patients at risk and better control them postoperatively.