Case Presentation

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- A 39 y old lady /G1Ab1: IVF/ Egg Donation/chemical
- CC: Persistant ovarian cyst + IVF Failure (7 times)

  Pelvic pain: (-)

  Primary infertility:15 Y/ 7 # IVF/ 3 # egg donor

SH: Once laparatomy

3 times previous Laparoscopy due to endometriosis

HSG: bilateral obstruction, no spillage

AMH= 0.3

P/E: Fixed Uterus,Noude in POD

TVS: moderate adenomyosis, kissing ovaries, RO cysts: 65*43- 27*16-15*10 mm, LO cyst: 23*15 mm + LT hematosalpinx, both USLs Nodules, adhesion of bowel loop to posterior of cervix, POD: OBLITRATED

KIDNY SONOGRAPHY: Mild Hydronephrosis in RT kidny

OPERATION:

- extensive adhesiolysis,
- Enrolysis
- ,bilateral salpingectomy
- Lt ovary cystectomy
- RT adnexectomy,excision of both USLs DIE
- Bilateral Uretrolysis +DJ stenting
- Segmental bowel resection & Anastomosis, air test to bowel

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RESEARCH ARTICLE Open Access

Reproductive capacity and recurrence of disease after surgery for moderate and severe endometriosis – a retrospective single center analysis

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Conclusion: We assessed the high percentage of complete or partial relief of symptoms of 93.2%, the high postoperative pregnancy rate of 65.8% and the low rate of recurrence of 21.8% compared to international literature to be very encouraging for women suffering from moderate and severe endometriosis. Though laparoscopy is considered the 'gold standard'of endometriosis surgery, laparotomy still may be indicated in patients with extensive endometriosis especially to preserve reproductive function.

Keywords: Moderate endometriosis, Severe endometriosis, Recurrence, Pregnancy rate, Sterility, Reproduction, Surgical access

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human reproduction

ORIGINAL ARTICLE *Gynaecology*

High postoperative fertility rate following surgical management of colorectal endometriosis

Horace Roman[1,*], Isabella Chanavaz-Lacheray[1], Marcos Ballester[2,3,4], Sofiane Bendifallah[2,3,4], Salma Touleimat[1], Jean-Jacques Tuech[5], Marilena Farella[1], and Benjamin Merlot[6]

MAIN RESULTS AND THE ROLE OF CHANCE: Among the 55 patients enrolled at Rouen University Hospital, 25 had conservative and 30 had radical surgery, and their postoperative follow-up varied from 50 to 79 months. No patient was lost to follow-up. Among the 55 patients, 36 intended to get pregnant after surgery, 23 of whom had unsuccessfully attempted to conceive for more than 12 months before surgery (63%). At the end of follow-up, 29 patients achieved pregnancy (81%), and natural conception was recorded in 17 of them (59% of conceptions). As several women had more than 1 pregnancy (range: 0–3), we recorded 37 pregnancies, 24 natural conceptions (65%) and 29 deliveries (78%). The probabilities of achieving pregnancy at 12, 24, 36 and 48 months postoperatively were 33.4% (95% CI: 20.6–51.3%), 60.6% (44.8–76.8%), 77% (61.5–89.6%) and 86.8% (72.8–95.8%), respectively. Women who had been advised to attempt natural conception achieved pregnancy significantly earlier than patients referred for ART ($P = 0.008$). In infertile patients, the postoperative pregnancy rate was 74%, and 53% of conceptions were natural.

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Analysis of factors related to fertility after endometriosis combined with infertility laparoscopic surgery

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Abstract

To investigate the influence factors of laparoscopic postoperative pregnancy of patients with endometriosis and infertility, further validate the application of EFI scoring system in endometriosis, and to improve the pregnancy rate.

A total of 258 patients with endometriosis and infertility who underwent laparoscopic surgery and follow-up treatment at Wuxi Maternal and Child Health Hospital from January 2015 to December 2016 were selected and divided into pregnant and non-pregnant groups according to whether they were pregnant. All patients were divided into 4 groups according to EFI score: group with EFI score ≥9, 7–8, 4–6, and <4, and divided into I, II, III, and IV groups according to AFS stages. The uterus-laparoscopic surgery was performed. The patients were followed up for 3 years. The factors affecting the pregnancy rate were analyzed. The pregnancy rate and pregnancy types were calculated at different time points.

Multivariate analysis showed that age <35 years, infertility time <5 years, secondary infertility, EFI score, postoperative ART application were protection factors of postoperative pregnancy. The 3-year cumulative postoperative pregnancy rate was 75.6%. The cumulative pregnancy rate was 92.2% in group with EFI score ≥9, 85.9% in group with EFI score 7–8, 62.5% in group with EFI score 4–6 and 5.9% in group with EFI score <4, there was significant difference between the 4 groups ($P < .05$). The proportion of pregnancies in 6 months and 12 months was higher in patients with EFI score ≥7, 61.0% in patients with EFI score ≥9 and 41.1% in patients with EFI score ≥7. The highest natural pregnancy rate was 83.1% in group with EFI score ≥9, and there was significant difference between the 4 groups ($P < .05$).

Age <35 years, infertility time <5 years, secondary infertility, EFI score and ART application were the protective factors of postoperative pregnancy. EFI score had positive significance in predicting and guiding the postoperative pregnancy of patients with endometriosis and infertility. According to EFI score, the pregnancy rate of patients with endometriosis and infertility can be significantly improved by strict management and active pregnancy program.

Abbreviations: ART = Artificial Reproduction Technology, ASRM = American Society of Reproductive Medicine, BMI = body mass index, CMA = Chinese Medical Association, EFI = Endometriosis Fertility Index, GnRHa = Gonadotrophin Releasing Hormone Analogues, IVF = in vitro fertilization, KM = Kaplan–Meier, R-AFS = Retrospective American Fertility Society Score.

Keywords: endometriosis, laparoscopy, pregnancy rate