Fallopian tube-sparing laparoscopic parovarian cystectomy

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목적: Parovarian cyst is a cystic tumor originated from paragonsimophic duct. Most of this tumor is benign tumor, but surgical removal is recommended because of torsion of fallopian tube. If the tumor is very big, ipsilateral fallopian tube is elongated and it is usually removed together with the tumor. We invented fallopian tube-sparing laparoscopic parovarian cystectomy to preserve fertility in young women.

방법: Ovarian ligament surrounding parovarian cyst was incised parallelly to fallopian tube with endo-scissors. Connective tissue between parovarian cyst and ovarian ligament was dissected without rupture of cyst. Stalk of parovarian cyst, which is usually located just beside ipsilateral ovary, was cut with electrocoagulator. The cyst was retrieved out of peritoneal cavity with Lap-bag through 12 mm trochar in left lower quadrant. Fallopian tube and ovary was covered with oxidized regenerated cellulose (Interceed™) to prevent postoperative adhesion.

결과: We performed four cases of laparoscopic parovarian cystectomy between July 2007 and December 2007. The patients were 26, 15, 36 and 21 years old, respectively. The size of the cysts was 10 cm, 8 cm, 3 cm and 10 cm, respectively. Fallopian tubes were preserved successfully in all cases. We observed elongated tubes were restored to a size up to slightly longer than contralateral fallopian tube just after parovarian cystectomy.

결론: Fallopian tube-sparing laparoscopic parovarian cystectomy is a useful option for sparing fertility in young women. Further observation is required to evaluate recurrence and fertility in these patients.