Comparison of postoperative medical maintenance therapy followed by laparoscopic excision of ovarian endometrioma

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목적: The aim of this study is to compare the impact of drospirenone containing combined oral contraceptives (DOCs) with levonorgestrel releasing intrauterine system (LNG-IUS) after post-operative medical therapy of ovarian endometriomas.

방법: Between January 2000 and December 2010, after laparoscopic excision of endometrioma at the Ajou University Medical Center female patients were given medical treatment and maintenance therapy. They were divided into two groups based on which DOCs or LNG-IUS were given as the post-operative maintenance therapy. Recurrence of ovarian endometriomas was evaluated with pelvic ultrasonography at the outpatient clinic. Medical records of the cases were retrospectively reviewed. All analyses were performed using SPSS statistical software version 18.0 (SPSS Inc, Chicago, IL, USA). Both t-test and logistic regression analysis were used and p-values of <0.05 was considered statistically significant.

결과: One hundred and twenty nine women with endometriomas underwent laparoscopic excision of ovarian endometriomas. Ninety five patients received DOCs and 34 received LNG-IUS after previous medical therapy such as GnRH analogues and danazol. There were no statistically significant differences between the two groups in clinical characteristics such as previous medical therapies and stage of endometrioma, but patient’s age in the LNG-IUS group was older than the DOC group. There were also no statistically significant differences of recurrence of endometriomas between the DOCs and LNG-IUS groups.

결론: Both LNG-IUS and DOCs seem to have comparable effects on the prevention of recurrence of the ovarian endometriomas and the choice of the maintenance therapy seems to be modulated according to the patient’s preferences such as the patient’s age. But, the rate of recurrence of endometrioma was not related to duration of the maintenance therapy.

Evaluation of risk factors of vaginal cuff problem after hysterectomy

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목적: The purpose of this study was to evaluate risk factors of vaginal cuff dehiscence or evisceration (VCDE), according to the type of operation.

방법: We assessed 6 types of hysterectomies performed in our hospital between June 2007 and June 2011. The type of hysterectomies included Robotic Hysterectomy(RH, n=7), Robotic Radical Hysterectomy and Node Dissection(RRHND, n=9), Total Laparoscopic Hysterectomy(TLH, n=276) Laparoscopy Assisted Vaginal Hysterectomy(LAVH, n=238), Laparoscopic Radical Hysterectomy and Node Dissection(LRHND, n=11), and Abdominal Radical Hysterectomy(ARH, n=63).

결과: There was no difference in the characteristics(age, BMI, parity) of patients between 6 groups. But, the age was significantly younger in patients of RRHND than ARH(p=0.03). In total of 604 hysterectomies, 3 eviscerations(0.49%) and 21 dehiscences(3.47%) occurred. Eviscerations were found in RRHND(1/9, 11.1%), TLH(1/276, 0.36%), and ARH(1/64, 1.56%). Dehiscences occurred in TLH(15/276, 5.43%), LAVH(4/238, 1.68%), and ARH(2/63, 3.17%). The incidence of cuff complication showed no significant correlation in terms of the type of operation and suture technique of vaginal cuff closure. However, in TLH, there was a significant difference in vaginal cuff problems depending on the suture method of vaginal cuff. In 169 cases of TLH with intra-corporeal continuous suture, 1 evisceration and 4 dehiscences occurred, whereas 11 dehiscences occurred in 105 TLH cases with vaginal continuous locking suture(2.96% vs10.47%, p=0.02). Additionally, duration between the day of operation and VCDE in the cases of intra-corporeal suture was significantly longer than in the cases of vaginal suture(72.8 days vs 23.6 days, p=0.01). Subanalysis included age, BMI, operation time, estimated amount of blood loss(EBL), post-operative fever, use of post-operative antibiotics, and none of these factors had correlation with VCDE(p=0.99, p=0.32, p=0.46, p=0.32, p=0.74, p=0.64, respectively).

결론: In our study, the intra-corporeal cuff suture was superior to the vaginal suture to prevent the vaginal cuff complications such as the evisceration and dehiscence in TLH.