Endometrioma excision and ovarian reserve: a dangerous relation.

Busacca M, Vignali M.

Author information

- Department of Obstetrics and Gynecology, University of Milano, Macedonio Melloni Hospital, Italy. mauro.busacca@unimi.it

Abstract

Endometrioma is one of the most frequent pathologies in gynecologic surgery. Laparoscopic cyst excision is considered the best treatment in terms of lower recurrence and improved fertility. However, it was recently questioned whether the excision of the endometrioma could decrease the function of the operated ovary and if it could affect the subsequent fertility. Even if a consistent amount of ovarian tissue is unintentionally removed together with the capsule of the cyst, resulting in does not show the follicular pattern observed in working ovaries. Currently, no definitive data clarify whether the damage to the ovarian reserve, observed in patient with endometrioma, is related to the surgical procedure, to the previous presence of the cyst, or both. Electrosurgial coagulation during hemostasis could play an important role in terms of damage to ovarian stroma and vascularization. Particular attention must be paid in presence of bilateral endometriotic cysts. In fact, an increase in premature ovarian failure rate was reported when both the ovaries are involved in surgery. Incase of assisted reproductive techniques, no clear evidence indicates which is the best approach for concomitant endometriotic cyst. On the base of these considerations endometriomas Should be treated only in case of pain, infertility, and in asymptomatic patients if the cyst diameter is greater than 4 cm.

PMID:
19249702
[PubMed - indexed for MEDLINE]

Determinants of long-term clinically detected recurrence rates of deep, ovarian, and pelvic endometriosis.

Busacca M, Chiaffarino F, Candiani M, Vignali M, Bertulessi C, Oggioni G, Parazzini F.

Author information

- Clinica Ostetrico Ginecologica, Università di Milano, Ospedale Macedonio Melloni, Milano, Italy.

Abstract

OBJECTIVE:

This study was undertaken to analyze the frequency and the determinants of long-term clinically detectable recurrence rate of deep, ovarian, and pelvic endometriosis.

STUDY DESIGN:

The clinical data of 1106 women with first diagnosis of endometriosis observed between 1979 and 2001 were collected.

RESULTS:

The 4-year recurrence rate was 24.6%, 17.8%, 30.6% and 23.7%, respectively, for cases of ovarian, pelvic, deep, and ovarian and pelvic endometriosis ($P < .05$). The recurrence rates decreased in all groups (with the

exception of ovarian endometriosis) in the class age 34 years or older, these findings were significant (P < .05). Radicality was associated with lower recurrence rates in all the groups. A pregnancy after diagnosis was associated with a reduced risk of recurrence.

CONCLUSION:

The study shows that the recurrence rates of endometriosis were higher in case of deep endometriosis and that the risk factors for recurrence were similar among women with endometriosis at different sites.

PMID:

16890551

[PubMed - indexed for MEDLINE]

2006 Aug;195(2):421-5. Epub 2006 May 8.

Postsurgical ovarian failure after laparoscopic excision of bilateral endometriomas.

Busacca M, Riparini J, Somigliana E, Oggioni G, Izzo S, Vignali M, Candiani M.

Author information

- Department of Obstetrics and Gynecology, Ospedale Macedonio Melloni, Milan, Italy.

Abstract

OBJECTIVE:

This study was undertaken to determine the frequency of postsurgical ovarian failure in patients undergoing laparoscopic excision of bilateral endometriomas.

STUDY DESIGN:

Patients who had been operated on for bilateral ovarian endometriosis between January 1995 and December 2003 and who were younger than 40 years at the time of surgery were contacted by telephone and interviewed.

RESULTS:

A total of 126 patients were recruited. Mean +/- SD age of patients at the time of surgery was 30.4 +/- 4.3 years. Postsurgical ovarian failure was documented in 3 cases, corresponding to a rate of 2.4% (95% CI 0.5%-6.8%). In all cases, this complication occurred immediately after surgery.

CONCLUSION:

Patients who had been operated on for bilateral endometriomas have a low but definite risk of premature ovarian failure occurring immediately after surgery.

Comment in

- Post-surgical ovarian failure after laparoscopic excision of bilateral endometriomas: is this rare problem preventable? [Am J Obstet Gynecol. 2006]

PMID:

16681984

[PubMed - indexed for MEDLINE]

2005 Nov-Dec;12(6):508-13.

Surgical treatment of deep endometriosis and risk of recurrence.

Vignali M, Bianchi S, Candiani M, Spadaccini G, Oggioni G, Busacca M.

Author information

- Department of Obstetrics and Gynaecology, University of Milano, Macedonio Melloni Hospital, Milano, Italy. michele.vignali@unimi.it

Abstract

STUDY OBJECTIVE:

To evaluate the risk of recurrence of deep endometriosis after conservative surgery.

DESIGN:

Retrospective analysis (Canadian Task Force classification II-3).

SETTING:

Tertiary care university hospital.

PATIENTS:

One hundred fifteen symptomatic patients operated on in our department from 1996 through 2002 with postoperative follow-up of at least 12 months.

INTERVENTION:

All patients underwent conservative surgery for deep infiltrating endometriosis.

MEASUREMENT AND MAIN RESULTS:

Risk factors for recurrence of symptoms and clinical findings and for repeated surgery were evaluated by univariate and multivariate analysis. During follow-up, we observed 28 patients with pain recurrence and 15 patients with recurrent clinical findings, and 12 patients required reoperation for deep endometriosis. Recurrence rates of pain and clinical findings during 36 months were 20.5% and 9%, respectively. Multivariate analysis showed that only age was a significant predictor of pain recurrence (OR 0.9, 95% CI 0.81-0.99, p<.05), enhancing the risk in younger patients. Recurrence of clinical signs of deep endometriosis was predicted by obliteration of the pouch of Douglas (OR 1.46, 95% CI 1.16-16.2, p<.05). Reoperation for deep endometriosis was predicted only by the incompleteness of first operation (OR 21.9, 95% CI 3.2-146.5, p<.001).

CONCLUSION:

Our study indicates that age, obliteration of the pouch of Douglas, and surgical completeness may have a significant influence on the recurrence of the disease.

PMID:

16337578

[PubMed - indexed for MEDLINE]

2003 Aug;15(4):321-6.

Ovarian endometriosis: from pathogenesis to surgical treatment.

Busacca M, Vignali M.

Author information

- Department of Obstetrics and Gynecology, University of Milan, Milan, Italy. mauro.busacca@unimi.it

Abstract

PURPOSE OF REVIEW:

This review analyzes the literature on ovarian endometrioma, examining the controversies on pathogenesis, malignant transformation and surgical therapy.

RECENT FINDINGS:

Recent literature reflects the necessity of clearly defining the ethiologic and pathologic factors that determine the origin of ovarian endometriosis and explain the increase in the condition with the prospect of developing effective prevention therapy. The possibility that ovarian endometriomas undergo malignant transformation is widely reported in the literature. Recent studies underline the importance of detecting histological differences in endometriosis (hyperplasia and atypia) and several studies of molecular biology support the theory of genetic alterations interfering with malignant transformation of ovarian endometriosis.

SUMMARY:

The surgical approach must take into account all this information and, when the therapy is conservative, complete excision of the disease must be laparoscopically performed without affecting the healthy ovarian tissue.

PMID:

12858105

[PubMed - indexed for MEDLINE]

2002 Oct;78(4):665-78.

Endometriosis: novel etiopathogenetic concepts and clinical perspectives.

Vignali M, Infantino M, Matrone R, Chiodo I, Somigliana E, Busacca M, Viganò P.

Author information

- IRCCS Istituto Auxologico Italiano, Milan, Italy. mario.vignali@inimi.it

Abstract

OBJECTIVE:

To discuss current ideas about therapy for endometriosis derived from new observations generated by using molecular biology techniques and in vivo animal models of disease.

METHOD(S):

The MEDLINE database was reviewed for English-language articles on new drugs that affect the endocrine or immunologic system, the possibility that endometriosis has multiple forms, and the association of endometriosis with cancer. Specific attention was given to in vivo studies in animals or humans.

CONCLUSION(S):

Among the novel potential candidate drugs, aromatase inhibitors and raloxifene should be considered for treatment of postmenopausal women with endometriosis. Notable observations have emerged from studies of immunomodulators and antiinflammatory agents in animal models of disease. These findings must be confirmed in women. The histogenesis of ovarian endometriomas is still unclear, thus limiting new experimental approaches to this form of disease. Given the low but established risk for malignant transformation of endometriosis, efforts should be directed toward identification of susceptibility loci for the disease and its potential transformation into cancer.

PMID:

12372439

[PubMed - indexed for MEDLINE]