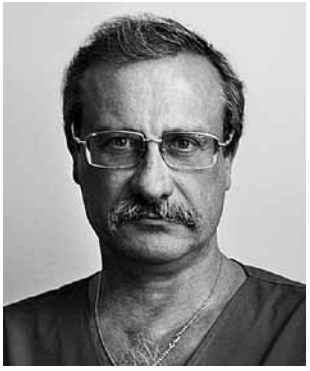
ENDOSCOPIC OPERATIONS DURING TREATMENT OF TUBO-PERITONEAL INFERTILITY

V. Glebov, N. Glebov, D. Davydov
Dr. Paramonov's Clinic, Saratov, Russia

klinika@dr-paramonov.ru



Valery Glebov
Deputy director general of Obstetrics and Gynecology, doctor of higher category

Nikita Glebov
obstetrician and gynecologist

Tubo-peritoneal infertility is a large problem in the modern gynecology. The main reasons for the formation of the peritoneal process in the organs of generation are inflammatory diseases of fallopian tubes, operations on the uterus and uterine appendages as well as the external genital endometriosis.

The objective of the research is to assess treatment of gynecological patients with the tubo-peritoneal infertility factor at the stages of fertility recovery.

Materials and methods of the research: the observation group was composed of 350 (100%) women referred for the endoscopic operative treatment. 216 (61.8%) patients had primary infertility, 134 (38.2%) had secondary infertility. The age of the observed women was 22–38. The endoscopic laparoscopy was carried out typically: coagulation of foci of endometriosis, separation of adhesions, sonographic hydrotubation with dye test of fallopian tubes, hysteroscopy. Surgical procedures were performed using the Karl Storz equipment.

The results of the research: it was diagnostically confirmed that only 210 (60%) (1 group) operated women had adhesive processes in the small pelvis as a result of a recurring inflammation of the fallopian tubes and ovaries; 140 (40%) operated women were diagnosed with the external genital endometriosis.

According to the results of endoscopic operations the patients of the first group were divided according to the endoscopic classification by V. Hulk: 25 women (11.9%) had the first stage of the adhesive process, 70 patients (33.4%) had the second stage, 69 women (32.8%) had the third and 46 patients (21.9%) had the fourth stage. The surgical procedure for the first stage of the adhesive process was salpingo-ovariolysis, stage 2 and 3 – salpingo-ovariolysis and salpingostomy, 2 patients had salpingectomy. The patients with stage 4 had salpingo-ovariolysis and salpingostomy, and it was impossible to perform salpingostomy with 6% of women. The fertility recovery with adhesiolysis was 35% in patients with the light form and 19% with the medium and heavy stage of the adhesive process in the small pelvis.

During endoscopy 140 (40%) women (second group) were diagnosed with the external genital endometriosis of different stages of endometrial injury. This group of patients had salpingo-ovariolysis, metrolysis, coagulation of foci of endometriosis, 9% had a fallopian tube removed.

After the operation women of the first group had therapy preventing a recurring formation of adhesions: physiotherapeutic measures, immunomodulation, system enzymatic therapy, correction of hormonal disorders. The second group received a gonadotropin-releasing hormone agonist therapy in the course of 3–6 months. The reproductive function was recovered in 17.8%.

Conclusions: During the treatment of a chronic inflammatory process it is necessary to take into account that in 40% of cases the infertility is connected to the external genital endometriosis and requires a pathogenetic treatment. This way, this research made it possible to confirm the high diagnostic and therapeutic value of endoscopic operations.