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TITLE

PELVIC INFLAMMATORY DISEASE (PID) WITH OR WITHOUT ENDOMETRIOSIS: OUTCOMES ON 109 LAPAROSCOPICALLY TREATED WOMEN

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ABSTRACT

Context

By data present in literature, it is not clear if endometriosis may be considered a risk factor for the onset or the aggravation of PID.

Objective

The aim of this study is to evaluate incidence and severity of concomitant endometriosis in women undergoing operative laparoscopy for antibiotic-resistant.

Methods Retrospective analysis on all women submitted to laparoscopy for antibiotic-resistant PID between January 2004 and May 2015.

Patients

109 cases were considered for analysis. The study population was divided into two groups: Group1 PID with endometriosis (n= 35) and Group2 PID without endometriosis (n= 74).

Interventions All patients underwent laparoscopic surgery.

Main outcome Measure We have compared surgical procedures, the time of interventions and complications intra and extra surgery of the two surgery groups.

Data were analyzed with chi-squared two-tailed Yate's corrected test

Results

Statistically significant more bilateral salpingectomy were performed in Group1 when compared to Group2 (7 vs 1,p<0.005), whereas no differences was found in the total number of monolateral salpingectomies, mono- and bilateral oophorectomies. The mean operating time resulting lower in Group2 (79' min) compared to Group1 (138' min) as well as intraoperatory blood loss (85 cc compared to 157 cc). No statistically significant differences were observed in the rate of mayor peri- and post-operative complications between the two groups (8.5% in group A versus 2.7% in group B).

Conclusions Intra-operative findings of PID with associated endometriosis show more aggressive patterns than PID alone, more frequently requiring demolitive procedures such as bilateral salpingectomy with longer operating times and higher blood loss.

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