IS-25  The significance of CA 125 Level in benign endometrioma on MRI and sonogram
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Objective: Even though endometrioma is benign in sonogram and pelvic MRI and sonogram, serum CA 125 level is often very high. However, this high CA 125 level is not clear yet. Therefore, the purpose of this study is to determine of the significance of high serum CA-125 level in endometrioma. Methods: The prospective randomized study was done in 51 patients with high serum CA 125 level over the 50U/ml, who diagnosed to benign endometriomas by sonogram and pelvic MRI. In 20 of 51 patients, serum CA 125 levels were over 100U/ml. Therefore, we divided to Group B with serum 50–100U/ml CA 125 levels and Group C with CA 125 levels over 100U/ml. As control, 21 patients with serum CA 125 levels under 50U/ml and endometriomas were observed together (Group A). During laparoscopic operations, operative findings and adhesions were compared in Group A and Group B and Group C. Serum CA 72-4 levels were also observed with CA 125. The statistical analysis was done by student’s t-test and Fisher’s exact test. Results: In Group A, 3 of 21 patients (14.3%) had moderate to severe adhesions. In Group B, 21 of 31 patients (67.7%) had moderate to severe adhesions and 4 of these 21 patients (19.0%) with adhesions had very hard firm adhesions. In Group C, 20 of 20 patients (100.0%) had moderate-to severe hard adhesions and 16 of 20 patients (80.0%) had very hard firm adhesions. Especially, 8 of 16 patients (50.0%) had high CA 19-9 over 50U/ml and very hard firm adhesions. The adhesions were significantly severe according to increase of serum CA 125 levels (P<0.01). Occurrence rates of very hard firm adhesions were significantly increased in Group C than Group A and B (P<0.01). Conclusions: Serum CA 125 level is related to abdominal adhesion in endometrioma. In CA 125 level over 100U/ml, very hard firm adhesion can be suspected especially when it is accompanied by CA 19-9 level over 50U/ml.

IS-26  Comparison between Transumbilical and Transabdominal Port for Laparoscopic Retrieval of Benign Adnexal Masses: A Randomized Trial
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Study Objective: To compare the feasibility, operative time, specimen retrieval time, and effect on postoperative pain between the 10-mm transumbilical and transabdominal port for laparoscopic retrieval of benign adnexal masses. Methods: Fifty women with adnexal masses scheduled for laparoscopic procedures from July 2008 through April 2009 were enrolled. The patients were randomized into two groups: patients using transumbilical port for specimen retrieval (group 1, n = 25), patients using transabdominal port for specimen retrieval (group 2, n = 25). Preoperative suspicion of malignancy, indications for hysterectomy or myomectomy were considered as exclusion criteria. Randomization was centralized and computer-based. Results: There were no significant differences in age, body mass index, umbilical thickness, abdominal thickness, cyst size, cyst amount, cyst weight, histology, complications and duration of hospital stay when the two groups were compared. The patients in group 1 had a relatively shorter cyst retrieval time (0.7 ± 1.8 vs. 4.9 ± 12.6, p = 0.006) and a significant lower VAS (5.2 ± 2.1 vs. 6.5 ± 2.2, p = 0.015). Significant fewer patients in group 1 had a cyst retrieval time of 3 10 minutes (0% vs. 20%, p = 0.025) and a VAS of >5 (36% vs. 84%, p <0.001). However, the average VAS1 (3.2 ± 1.8 vs. 3.6 ± 1.6) and proportion with a VAS1>5 (12% vs. 12%) were similar for the two groups. Conclusions: For laparoscopic benign adnexal mass surgery with 10-mm incision wound, removal of the specimen from umbilical port had shorter retrieval time and less postoperative pain than through lateral abdominal port.

IS-27  Single-port transumbilical laparoscopic approach for adnexal surgery in gynecology
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Objective: The purpose of this study is to assess the feasibility and surgical outcome of single-port transumbilical laparoscopic approach for adnexal lesion in gynecology. Methods: Between August 2008 and July 2009, the authors performed a single port approach in 49 consecutive patients with adnexal lesion. Enrolled patients underwent surgery through a single umbilical incision with a 3 channel port system with a wound retractor, surgical glove, and two 5-mm and one 10/11-mm trocars. Postoperative pain was assessed by visual analog score (VAS) scale. Results: Median patient age and body mass index were 29 years (range, 17–79) and 20.2 (17.2–29.2), respectively. The adnexal lesions enrolled in this study consist of ovarian tumor (n = 46), ectopic pregnancy (n = 3). Median values of operating time, blood loss, and postoperative hospital stay were 80 minutes (total 6–180), 10ml (0–200), and 2 days (1–11), respectively. It was assessed that the median of VAS scoring at 6, 24, and 48 hours after surgery was 3, 2, and 1. Five cases required the other kind of incisions. In 2 cases of them, the operation was converted to three-port laparoscopic surgery. Postoperative complications occurred in only 1 case (2.7%). A 36%, who had reoperation within 24 hours after operation due to postoperative hemoperitoneum. Conclusions: In our experience, a single-port transumbilical laparoscopic surgery could be a feasible alternative approach for adnexal lesion with a good cosmetic outcome. Additional study comparing with conventional approaches is warranted.