IS-28 Laparoscopic management of adnexal masses

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INTRODUCTION: In recent years, minimally Invasive Laparoscopic Surgery has changed the Therapeutic management of adnexal masses to such an extent that it can be considered the standard therapeutic option. OBJECTIVE: Present study was conducted at the Department of Obstetrics and Gynaecology, Datta Meghe Institute of Medical Sciences University, Wardha, India. To confirm the diagnosis of adnexal masses detected on clinical examination, Ultrasonography and Color Doppler. 2. To differentiate malignant from benign adnexal mass. 3. To evaluate the place of laparoscopy in the management of these lesions. METHODS: Prospective study at the rural medical college Wardha, India from January 2008 to August 2009. total 114 cases of adnexal masses diagnosed by clinical examination, Ultrasonography and Color Doppler were evaluated by laparoscopy and benign masses were managed laparoscopically and ovarian tumors suspicious of malignancy were dealt with conventional surgery. RESULTS: Out of 114 cases of adnexal masses, functional ovarian cysts found in 20 cases, 36 with benign epithelial cysts, tubo-ovarian abscess in 15 cases, hydrosalpinx in 8. Adnexal mass suspicious for malignancy in 21. Dermoid Cyst in 5 cases, ectopic pregnancy in 5 and endometrioma in 4. CONCLUSION: Laparoscopic treatment of benign ovarian neoplasms can be achieved in the majority of cases. the advantage of laparoscopic surgery are well established. Strict case selection is necessary to exclude malignant tumors which should be treated by conventional surgery. There is still fear of unrecognized malignancy which makes meticulous preoperative and intraoperative evaluation essential.

IS-29 Simultaneous Enucleation and In Situ Morcellation of Myomas in Laparoscopic Myomectomy

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Objective: To evaluate the outcome of enucleation of a myoma by morcellation while it is attached to the uterus (in situ morcellation, ISM) in laparoscopic myomectomy (LM). Methods: A total of 82 patients with myoma or adenomyosis from January 2007 to December 2007 were enrolled. The patients were divided into three groups according to the myoma weight. The operative time, myoma weight, blood loss, hospital stay and complication were all recorded for analysis. Results: The mean myoma weight was 265 > 240g and the mean operative time was 93 > 30 minutes. The patients were divided into three groups: group A, myomas < 150g, group B, myomas 150 ~ 349g, and group C, myomas > 350g. The mean myoma weight were 73 > 34g, 214 > 52g, and 571 > 218g, for groups A, B and C, respectively; and the mean operative time were 79 > 17 minutes, 84 > 22 minutes, and 121 > 32 minutes, respectively. The operative time increased with myoma weight. Two patients (8%) in the group C had excessive intraoperative hemorrhage and one (4%) needed blood transfusion. There was no conversion to laparotomy. Conclusion: In situ morcellation was an efficient and safe procedure for removal of large myoma during LM.

IS-30 Transumbilical 12 mm Single Port Laparoscopic-assisted Vaginal Hysterectomy: initial experience by single surgeon

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Objectives: To evaluate our initial experience with transumbilical 12mm single port laparoscopic-assisted vaginal hysterectomy (S-LAVH) and compare with more conventional LAVH. Methods: We tried S-LAVH in 37 patients with benign uterine diseases through a 12mm transumbilical incision from April 2009 until August 2009. A single-port access system comprising a wound protector and a surgical glove was used. Body mass index (BMI), operative time, blood loss, weight of specimen, complications, and length of hospital stay were compared to outcomes of 87 patients undergoing conventional LAVH during the same time period, by the same surgeon. Results: Two cases of S-LAVH group were conversed to three or two ports surgery but not in conventional group. No major complications including ureteral or bladder injury occurred in any of the patients. No statistically significant differences were found in mean age, mean BMI, mean operation time, mean anesthesia time, mean estimated blood loss, and mean postoperative gas passage day. The mean uterus weight on pathologic reports (181.43 ± 64.77 vs. 252.70 ± 116.10g, P = 0.026) was significantly reduced in S-LAVH. Conclusion: S-LAVH is a feasible alternative method for removal of uterus with better cosmetic outcome. More experience and instrumental improvement suitable for S-LAVH are needed.