

**IS-7 Three-Dimensional Ultrasonography in the Evaluation of Uterine Perfusion and Healing after Laparoscopic Myomectomy**

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**Objective :** To evaluate vascular perfusion and uterine healing following laparoscopic myomectomy (LM) using three-dimensional power Doppler ultrasound (3D-PDU). **Methods :** 3D-PDU was obtained preoperatively, one week, and three months postoperatively for the ninety-seven women with symptomatic myomas warranting LM. The resistance-index, pulsatility-index, and peak-systolic-velocity of the uterine artery, along with the vascularization-index, flow-index and vascularization-flow-index of the uterine tissue, non-operative and healing myometrial area were the main outcome measures. **Results :** The median age was 39 years. More than half of them were nulliparous and third of them desired fertility. The median myoma size was 8 cm and weight of the extirpated myomas was 250 g. The median myoma volume was 262 cm<sup>3</sup> and uterine volume was 380 cm<sup>3</sup>. On the 7th post-operative day, all LM healing sites appeared as highly echogenic areas with profuse blood flow at the periphery and reduced RI and PI of the uterine artery. Non-operated areas had significantly more blood flow than healing areas. Two patients had hematomas, which appeared as hypoechoic areas that were almost avascular. By the 3rd month postoperatively, the blood flow and uterine volume decreased significantly. However, an 11-cm<sup>3</sup> hypoechoic hematoma with poor tissue perfusion was still seen in one case operated with a 720-cm<sup>3</sup> myoma. **Conclusions :** Healing of an LM scar can be evaluated by 3D-PDU. The adequate perfusion demonstrated by 3D-PDU might suggest good wound healing and dissolving of hematomas.

**IS-8 Laparoscopically Assisted Vaginal Hysterectomy Following Previous Kidney Transplantation**

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**Objective :** With improvement in immunosuppression and surgical techniques, more women are undergoing kidney transplantation (KT) for management of end-stage renal disease. Location of the transplanted pelvic kidney and transplanted ureter must be taken into consideration when performing pelvic surgery. We demonstrated that laparoscopically assisted vaginal hysterectomy (LAVH) can be successfully performed in patients who had previously undergone KT. **Methods :** We prospectively enrolled four patients requiring operation for symptomatic adenomyosis after KT. LAVH were performed in these cases with uterine artery ligation in laparoscopic part. **Results :** The median age of patients was 44 years (range, 40-46) and the extirpated uterine weight was 195 g (range, 160-380). Intraoperatively, the median operation time was 147.5 min (range, 105-175) and the blood loss was 50 ml (range, 50-100). There was mild pelvic adhesion in the two cases. The postoperative recovery was well in all patients with oral intake, flatus passage and ambulation within one day after operation. The median intramuscular meperidine requirements were 25 mg (range, 0-100) and the hospital stay was 4 days (range, 3-8). There were no major complications in these cases except one with mild postoperative fever. **Conclusion :** LAVH might be a safe and effective treatment for treating patients with adenomyosis after KT.

**IS-9 Is lymphadenectomy necessary for low-risk endometrial cancer on preoperative and intraoperative assessment?**

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**Objective :** The aim of this study was to ascertain whether lymphadenectomy is necessary when endometrial cancer is considered low-risk based on preoperative and intraoperative assessment. **Methods :** Two hundred twenty-one endometrial cancer patients with preoperative endometrial sampling and magnetic resonance imaging (MRI) were treated surgically. Of these patients, 122 patients were considered eligible for the study if they fulfilled the following criteria : (a) grade 1 or 2 endometrioid corpus cancer by endometrial sampling, (b) no lymphadenopathy by magnetic resonance imaging (MRI), (c) myometrium invasion <50% by MRI, and (d) no intraoperative evidence of macroscopic extrauterine spread. We divided these 122 patients into 2 groups, the total hysterectomy and bilateral salpingo-oophorectomy (TH-BSO) with lymphadenectomy (THND group, n = 64) and the TH-BSO without lymphadenectomy (TH group, n = 58) group. **Results :** The 5-year disease-free survival, overall survival rates were 96.9% and 98.4% in the THND group, and 98.3% and 98.3% in the TH group, respectively, and the difference was not statistically significant. In the THND group, pelvic lymph node metastasis was observed in only 2 cases. In the THND group, operation time, hospital stay, hemoglobin change during operation, and the incidence of post-operative complication were significantly higher than those in the TH group. **Conclusions :** Lymphadenectomy did not provide a significant survival advantage in the patients with low-risk endometrial cancer. Additionally, peri- and post-operative morbidities and complications were increased by the addition of lymphadenectomy. The present findings suggest that lymphadenectomy does not benefit patients with grade 1 and 2 endometrioid lesions, no lymphadenopathy by MRI, myometrium invasion <50% by MRI, and no intraoperative evidence of macroscopic extrauterine spread.