

7. Clinical Experience of Management of Endometriosis with Endometriomas by Aspiration of Cyst and Long Term Treatment with Depomedroxy Progesterone Acetate.

Perea P. A. K. C., Kaluarachchi A; Seneviratne H. R.

Objective : To evaluate the effectiveness of laparoscopic aspiration of endometriomas followed by long term treatment with progesterone therapy in the management of endometriosis associated with endometriomas.

Methods : The study population consisted of 26 patients who had endometriosis associated with endometriomas which was confirmed at laparoscopy. The endometriomas were aspirated and filled with distilled water after washing its cavity. Subsequently, all these patients received 150 mg of depot - medroxy progesterone acetate injection intramuscularly on a monthly basis for a period of nine months.

All patients were followed up till the end of the treatment period and for another one year thereafter.

The severity of the disease was assessed and scored according to the American Fertility Society Classification, 1985. The pain symptoms were assessed and a score was given. The pregnancy rates and the incidence of recurrences were also assessed during the follow - up period.

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Results : Improvement of symptoms on clinical assessment had shown 85.5% reduction of the total pain score. The observed improvement at repeat laparoscopy was 58.2% of the total score. In majority of the patients, the painful symptoms improved after a treatment period of 8 weeks.

It was obvious that this mode of management reduced the pathology of the disease in most cases. Reduction of endometriotic implants rather than adhesions were observed during this study. The adhesions could be easily separated in most patients at the second Laparoscopy or Laparotomy since these were loose.

The ovarian endometrioma disappeared in 88.5% (23) cases and recurred in 11.5% at the end of the treatment period. The mean diameter of endometriomas reduced from 4.22 \pm 1.57 cm to 2.8 \pm 0.33 cm. [P < 0.001]

Three patients conceived spontaneously within a period of 8 months to 1 year after completion of therapy.

Conclusion : This mode of treatment is relatively risk free to the patient and is also cost effective. It appears to be a satisfactory method of controlling the symptoms of endometriosis and the patient compliance too, was satisfactory.

However, when compared with laparoscopic and micro - surgical techniques with regards to fertility rates, it is clearly shown that this method fails to give rise to satisfactory fertility rates.