

**Setting:** The subjects of this prospective, case-control were 15 women under investigation of infertility or chronic pelvic pain (E-group) and controls were patients with no symptoms in which tubal ligation would be performed (C-group).

**Patients:** E-group: 15 women under investigation of infertility or chronic pelvic pain C-group: 14 women no symptoms under tubal ligation.

**Intervention:** E-group and C-group were submitted to laparoscopy and collected samples of peripheral blood and peritoneal fluid, in order to determine cytokine levels employing ELISA tests.

**Measurements and Main Results:** There were no statistical differences of the sera on the studied groups concerning the levels of leptin, IL-6 and TNF- $\alpha$  ( $p > 0,05$ ). There were statistical differences in the peritoneal fluid of the studied groups, concerning the levels of leptin and TNF- $\alpha$  ( $p < 0,05$ ) but not for IL-6 ( $p > 0,05$ ).

**Conclusion:** There is an evidence of using leptin and TNF- $\alpha$  in the peritoneal fluid as a diagnostic tool for minimal and mild endometriosis.

#### 402

##### Endometriosis of the Diaphragm: A Description of 4 Cases Treated Thoracoscopically and a Review of the Literature

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**Study Objective:** To describe the clinical characteristics and the principles of combined laparoscopic and thoracoscopic management of women with diaphragmatic endometriosis at our institution.

**Design:** N/A

**Setting:** N/A

**Patients:** We retrospectively reviewed the charts of four consecutive women with diaphragmatic endometriosis who were treated between January 2002 and October 2008 at our academic referral center.

**Intervention:** N/A

**Measurements and Main Results:** N/A

**Conclusion:** Four patients underwent a combination of laparoscopy for treatment of abdominopelvic endometriosis and thoracoscopy for treatment of diaphragmatic endometriosis. All patients had a history of chest pain. Three-quarters had a history of pelvic pain. Half had a history of catamenial hemo- or pneumothorax. Half had been previously diagnosed with endometriosis. All had uneventful recoveries without complications.

#### 403

##### Continuous Versus Cyclic Postoperative Use of Low-Dose Combined Oral Contraceptive Belara® for the Treatment of Endometriosis-Related Chronic Pelvic Pain

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**Study Objective:** To evaluate the effects of low-dose oral contraceptives (OCs) administered continuously in patients with endometriosis and who received laparoscopy for endometriosis-related chronic pelvic pain (CPP).

**Design:** Retrospective analysis.

**Setting:** Academic Department of Obstetrics and Gynecology – University “Magna Graecia” of Catanzaro.

**Patients:** Sixty patients affected by endometriosis, laparoscopically treated and followed in the outpatient of our Department were included in the analysis.

**Intervention:** Low-dose OCs administered continuously or sequentially in patients with endometriosis and who had received laparoscopy for endometriosis-related CPP.

**Measurements and Main Results:** Safety and efficacy data in terms of CPP reduction were recorded for each patient. No significant difference in any anthropometric and clinical characteristic was detected between groups.

Similar drug-related adverse effects were observed in both groups, and in no case treatment discontinuation due to adverse effects was observed. After six months from surgery, the visual analogical scale for pelvic pain resulted significantly ( $P < 0.005$ ) higher in patients treated with low-dose OCs administered continuously in comparison with those treated with sequential low-dose OCs.

**Conclusion:** This retrospective analysis showed that in patients laparoscopically treated for endometriosis-related CPP post-operative low-dose OCs administration with continuous regimen was more effective in pain reduction. In order to confirm these preliminary results, a randomized controlled trial (ClinicalTrials.gov Identifier: NCT00844012) is to date ongoing in our Department in which pelvic pain recurrence, as primary end-point, and long-term effects, as secondary end-points, will be evaluated in patients with endometriosis and who received laparoscopy for endometriosis-related CPP.

#### 404

##### Risk Factors for Recurrence after Laparoscopic Conservative Surgery in Premenopausal Women with Previously Untreated Stage III-IV Ovarian Endometriomas

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**Study Objective:** To analyze the risk factors associated with recurrence after laparoscopic conservative surgery in premenopausal women with previously untreated ovarian endometriomas.

**Design:** Retrospective analysis 1267 patients with endometrioma.

**Setting:** Department of Obstetrics and Gynecology, College of Medicine, University of Ulsan, Asan Medical Center, Seoul, Korea.

**Patients:** The inclusion criteria consisted of 1) premenopausal women, 2) previously untreated ovarian endometrioma, 3) the revised American Fertility Society (rAFS) stage III-IV, 4) laparoscopic complete excision of endometriosis, 5) preservation of uterus and ovarian tissue in one or both ovaries, and 6) follow-up longer than 6 months.

**Intervention:** N/A

**Measurements and Main Results:** A total of 874 patients met the inclusion criteria. During the 1<sup>st</sup> year after the operation, patients were tested every two or three months, and after the first year the patients have been observed at least once a year. Recurrence is defined as detection of endometrioma by transvaginal USG over 2 cm. We analyzed 16 factors for the risk of recurrence. After the mean follow-up time of 36 months (range, 6-141 months), recurrent endometrioma was detected in 61 patients. In univariate analysis, younger age, parity, infertility, dysmenorrhea, elevated CA 125 level, concomitant myoma, multiple endometrioma, bilateral endometrioma, and ovarian hyperstimulation (OH) during the observation period were significantly associated with the increased risk of recurrence. However, body mass index, size of endometrioma, rAFS score, rAFS stage, postoperative gonadotropin releasing hormone analogue or oral pill, pregnancy during the observation period were not predictive for recurrence. In multivariate analysis, younger age, dysmenorrhea, concomitant myoma, and OH after surgery were significant factor for predicting recurrence.

**Conclusion:** After laparoscopic conservative surgery for previously untreated stage III-IV ovarian endometrioma in premenopausal women, younger age, dysmenorrhea, concomitant myoma, and OH after surgery were significant factor for predicting recurrence.

#### 405

##### There Is a Relation between the Symptoms Referred by Patients with Endometriosis and the Site of the Disease

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**Study Objective:** To investigate whether symptoms, site and type of endometriosis lesions can help in the diagnosis of the disease.

**Design:** Retrospective questionnaire-based analysis of 825 patients with endometriosis.