Prospective Study Comparing Unilateral and Bilateral Laparoscopic Ovarian Diathermy in Polycystic Ovary Syndrome (PCOS)

Thesis

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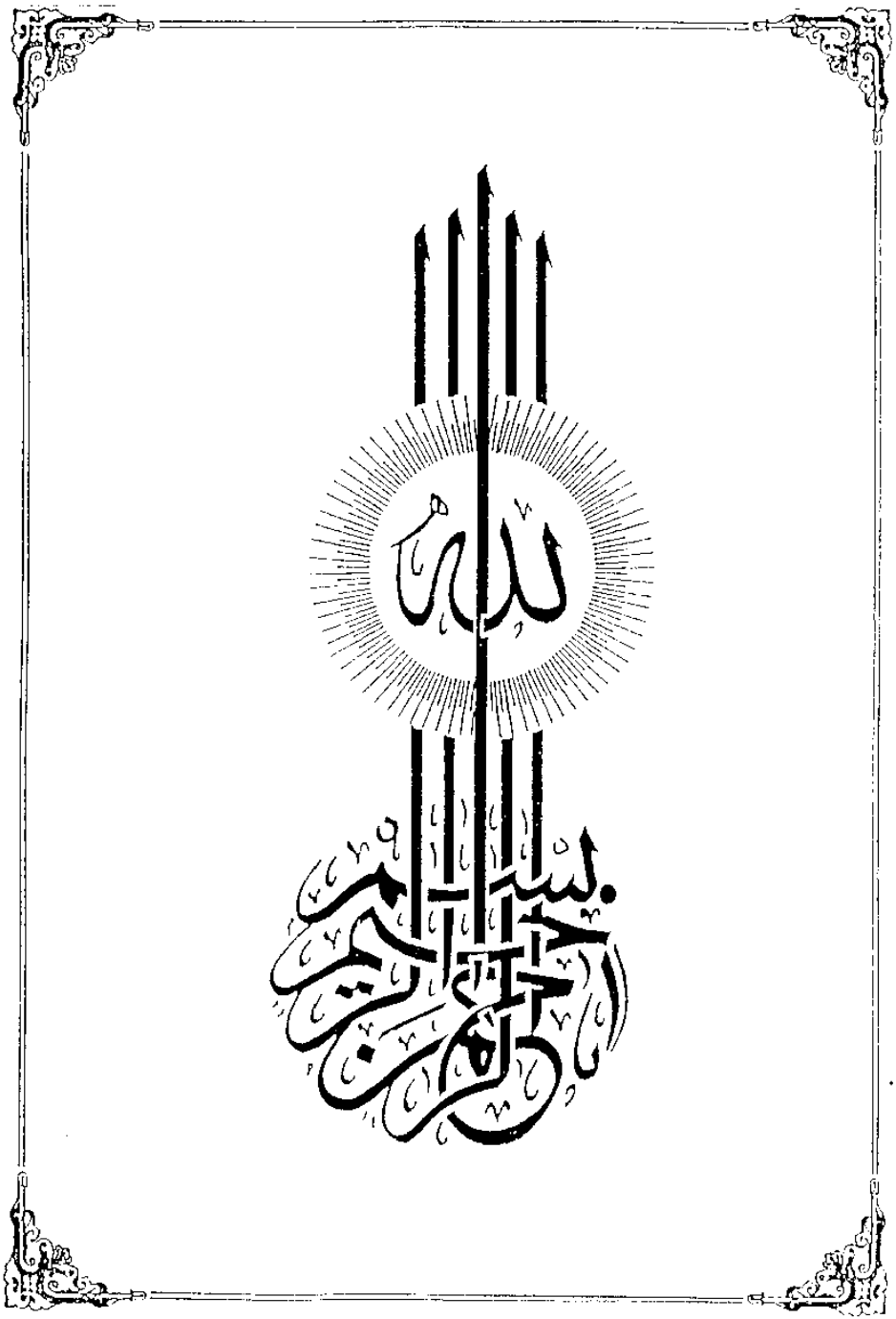

بسم الله الرحمن الرحيم

﴿قالوا سبحانك لا علم لنا إلا ما
علمتنا إنك أنت العليم الحكيم﴾

صدق الله العظيم
سورة البقرة آية [٣٢]

To my family

To my husband

To my lovely kids

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Praise be to God, Most Gracious, Most Merciful, and, Most Generous

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Introduction and Aim of the Work

Introduction

Anovulation is a very common problem which presents itself in a variety of clinical manifestations, including amenorrhea, irregular menses and hirsutism. Serious consequences of chronic anovulation are infertility and a greater risk for developing carcinoma of the endometrium and the breast. The characteristic polycystic ovary emerges when a state of anovulation persists for any length of time *(Speroff et al., 1994)*.

Patients with chronic anovulation because of polycystic ovarian disease generally respond to clomiphene citrate administration for induction of ovulation. However, even with the use of increasing doses of clomiphene with or without the addition of human chorionic gonadotropin, 10% to 15% of women remain anovulatory *(Franks et al., 1985)*. For these patients, ovulation induction can be difficult, requiring parentral treatment with human menopausal gonadotropin-human chorionic gonadotropin or pure follicle stimulating hormone, both of which are costly and require careful hormonal and ultrasound monitoring to prevent a significant incidence of ovarian hyperstimulation *(Greenblatt and Casper, 1987)*.

In the past, physicians have resorted to laparotomy for wedge resection of the ovaries in C.C. unresponsive patients. This often leads to the formation of pelvic adhesions, which can result in continued infertility because of mechanical pelvic factors. Even with careful microsurgical techniques, early second look laparoscopy after ovarian wedge resection has revealed a significant number of periovarian adhesions *(Daniell and Miller, 1989)*.

Recently, a less extensive surgical technique involving laparoscopic ovarian cautery has been described for the treatment of anovulation in patients with PCOD *(Gjonnaess, 1984)*. Clinical results appear promising with a high rate of successful ovulation and conception occurring without the need for intensive patient monitoring, and is considered as an alternative to ovulation induction with gonadotropins, in women with PCOD who fail to respond to clomiphene citrate *(Kovacs et al., 1991)*.

More recently *Balen and Jacobs (1994)* did a prospective study to compare unilateral and bilateral laparoscopic ovarian cauterization in women with PCOD and they found that unilateral ovarian cauterization is effective in induction of ovulation as bilateral ovarian cauterization.

Aim of the Work:

To assess the efficacy of unilateral versus bilateral a laparoscopic ovarian cauterization in the induction of ovulation in PCOD.