



Absorbable Adhesion Barrier Gel

CASE REPORT

Endometrioma

Patient had endometriomas in the right and left ovary.



Dr. William Kondo

Curitiba, Brazil

- Gynecological surgeon focusing on minimally invasive laparoscopic procedures
- Recognized endometriosis specialist
- Studied pelvic reconstruction surgery at The Cleveland Clinic, Florida, United States
- Studied gynecological endoscopy in Strasbourg and Clermont-Ferrand, France
- An active member of the Brazilian Society of Minimally Invasive and Robotic Surgery and the Brazilian College of Surgeons

Case Introduction

A 24-year-old sought care after experiencing secondary infertility for four years, having had two pregnancies and two first-trimester miscarriages.

She presented with:

- Regular menstrual cycles lasting six days
- Symptoms of dysmenorrhea 7/10
- Dyspareunia 5/10
- Non-cyclical pelvic pain 3/10 around the ovaries

Gynecological examination showed:

- Nodulation in the retro-cervical surface in the uterosacral ligaments
- Laboratory tests showed Ca-125 of 57.9U/ml and AMH of 4.98ng/ml

Endometriosis mapping identified:

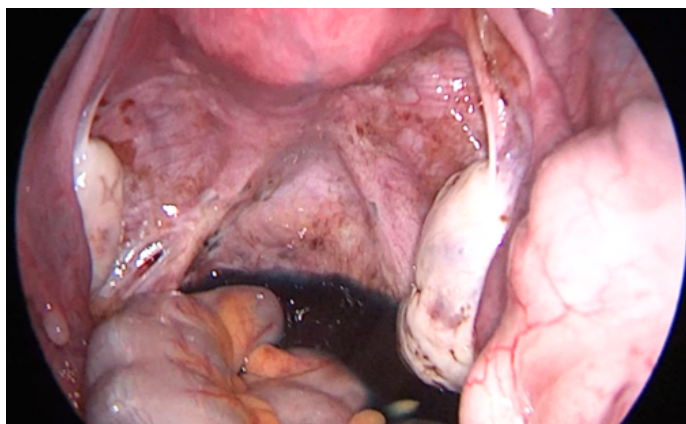
- Left ovary with endometriomas measuring 13x10x10mm and 9x9x7mm
- Thickening of the ovarian fossa
- Discrete focal thickening in the vesicouterine septum and peritoneum of the anterior cul-de-sac on the right measuring 5mm
- Focal bilateral thickenings in the retrocervical / rectovaginal area affecting the peritoneum of the posterior cul-de-sac and the uterosacral ligaments (22mm to the right and 15mm to the left)
- Normal rectosigmoid

Endometrioma

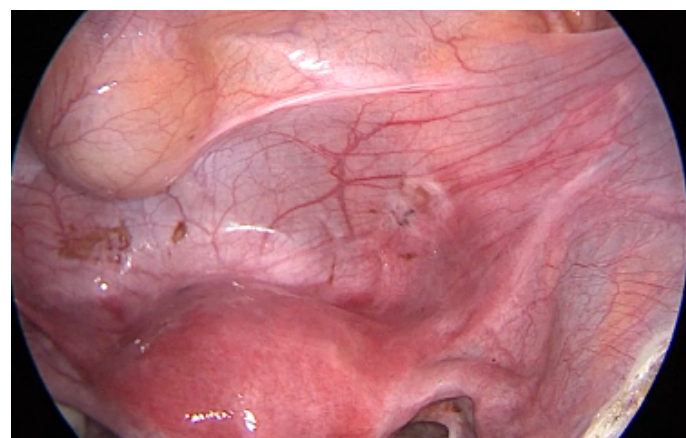
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Case Presentation

Hysteroscopy was performed to evaluate the uterine cavity. One endometrial biopsy was taken, and no changes were identified during the procedure. Laparoscopic treatment of the endometriosis was performed.



Presence of endometriotic implants in posterior pelvis and bilateral endometriomas.



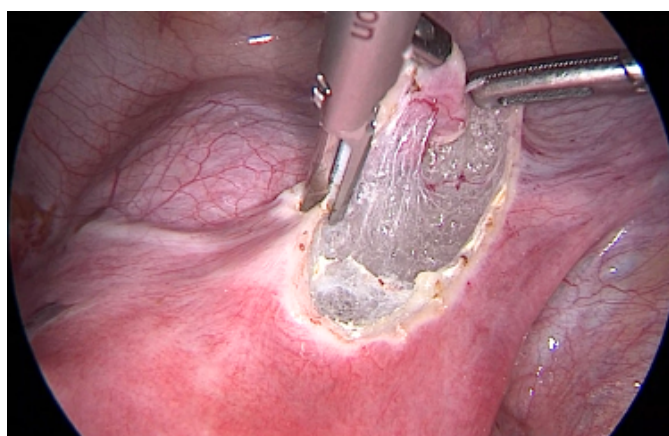
Presence of endometriotic implants in the anterior cul-de-sac.



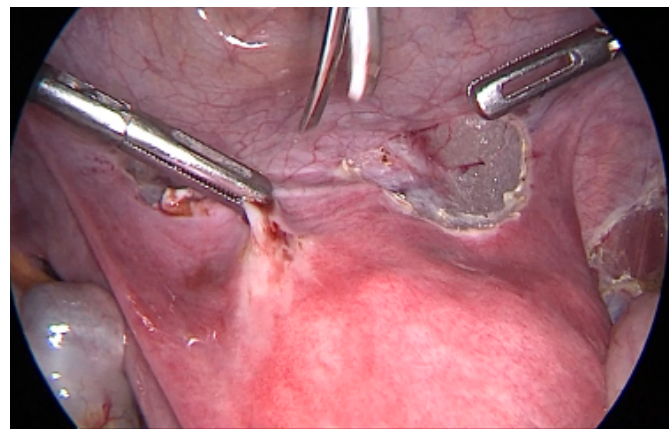
Presence of endometriotic implants in the anterior cul-de-sac on the left.

Operative Approach

The laparoscopic procedure entailed bilateral ovarian cystectomies with complete resection of the endometriotic implants in the anterior cul-de-sac, vesicouterine septum, ovarian fossae, retrocervical region, rectovaginal septum, and posterior cul-de-sac.



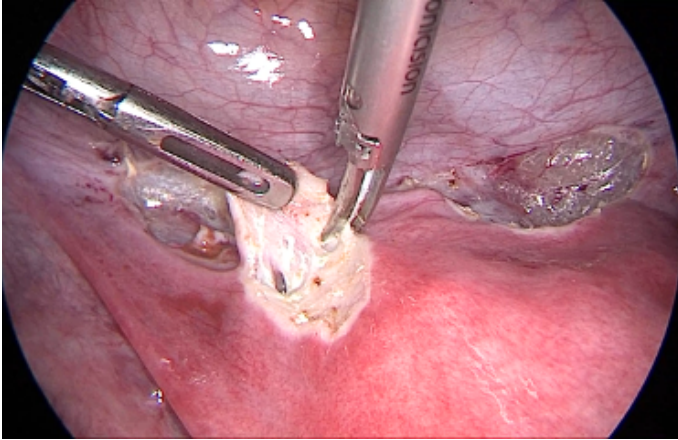
Rescetion of the right anterior cul-de-sac.



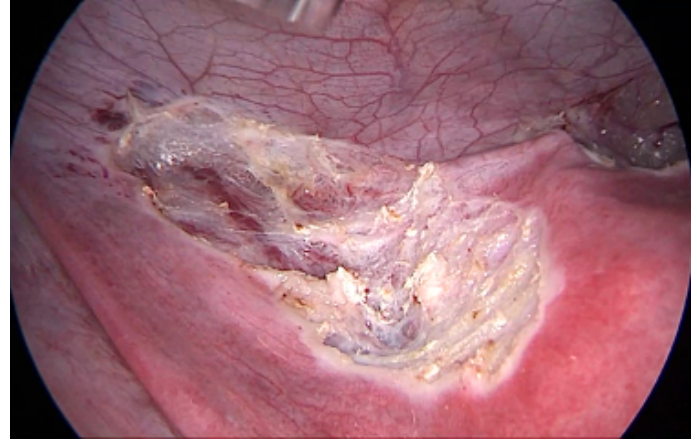
Resection of the uterine vesicular septum and anterior serosa/myometrium on the left.

Endometrioma

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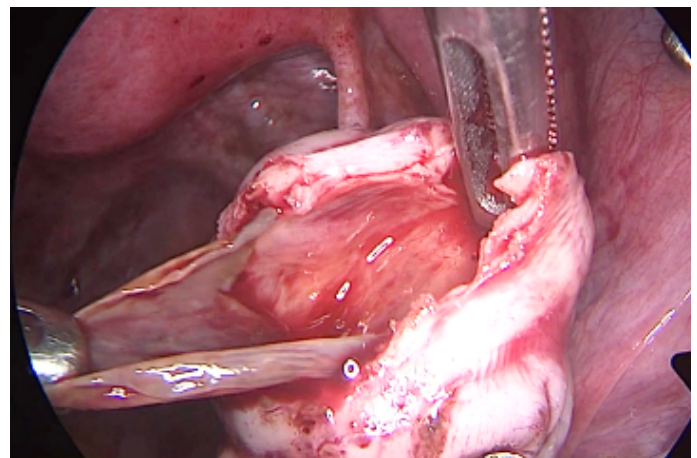
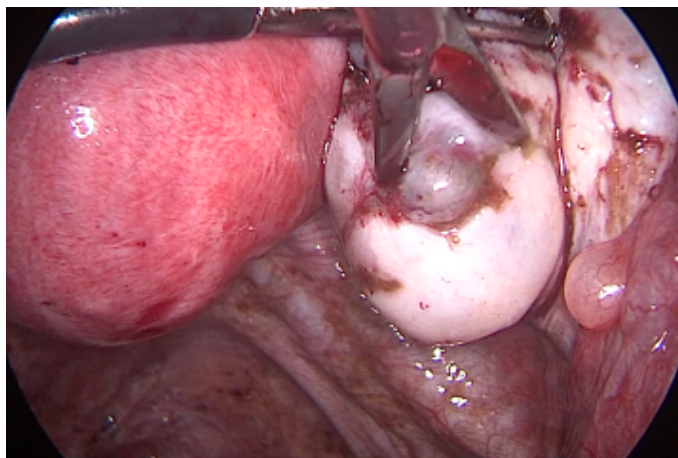
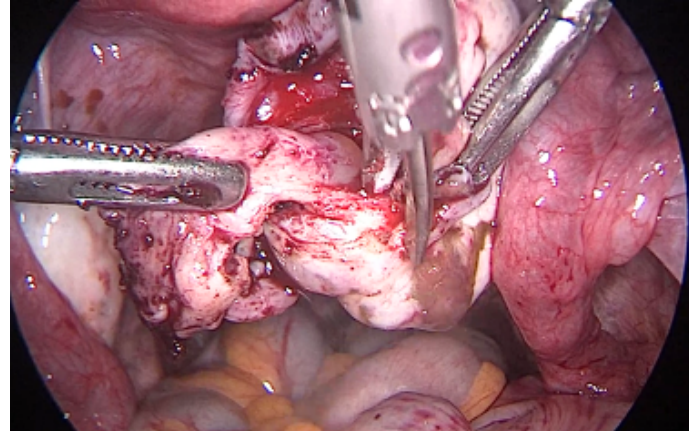
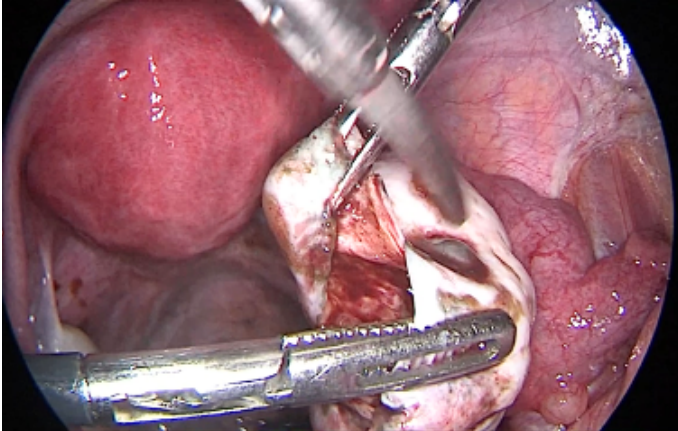


Resection of the uterine vesicular septum and anterior serosa/myometrium on the left.



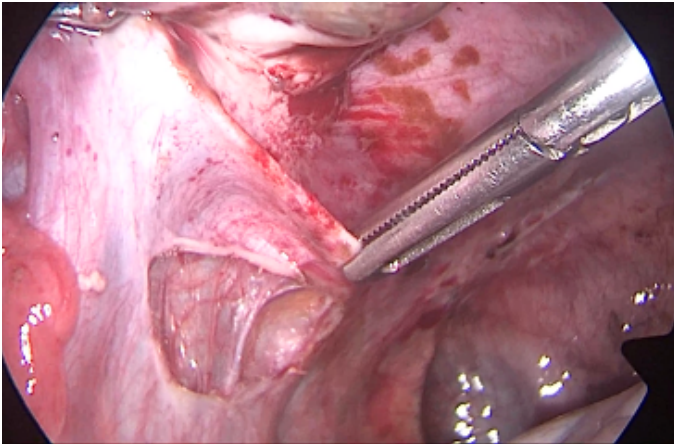
Resection of the cul-de-sac, uterine vesicle septum and anterior serosa/myometrium on the left.

Right ovarian cystectomy for removal of endometrioma

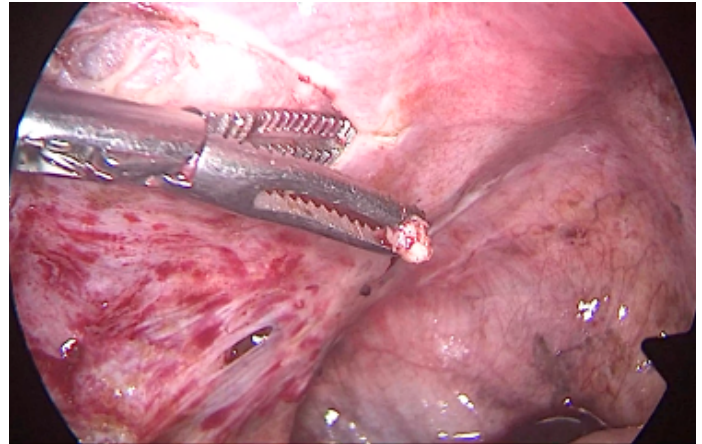


Endometrioma

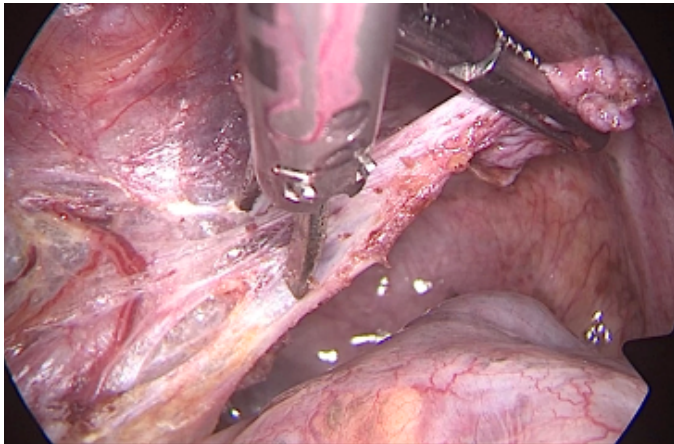
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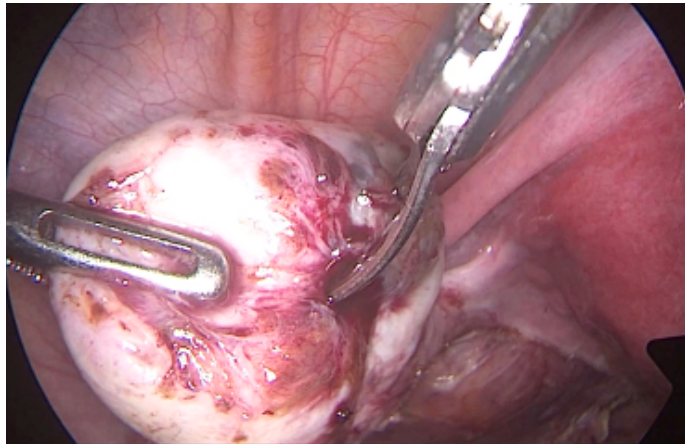
Resection of endometriotic implants in the left ovarian fossa.



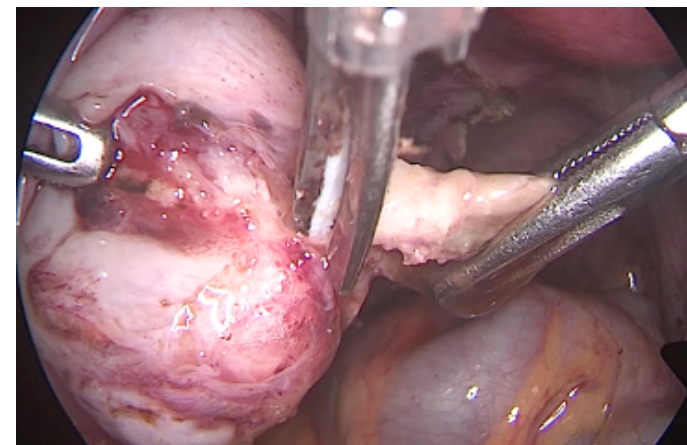
Resection of endometriotic implants in the left ovarian fossa.



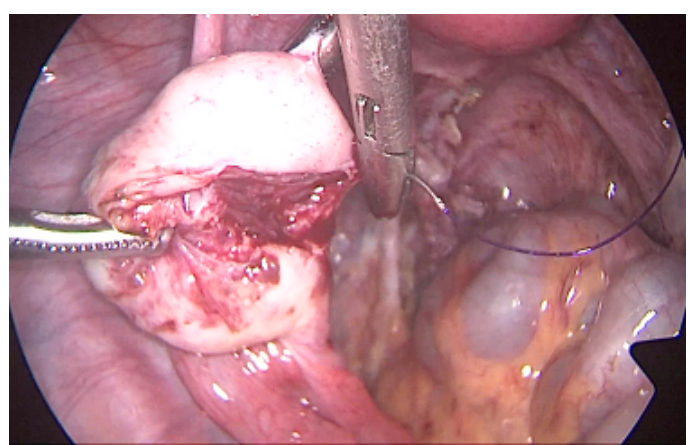
Resection of endometriotic implants in the left ovarian fossa and uterosacral ligament.



Left ovarian cystectomy for removal of endometrioma.



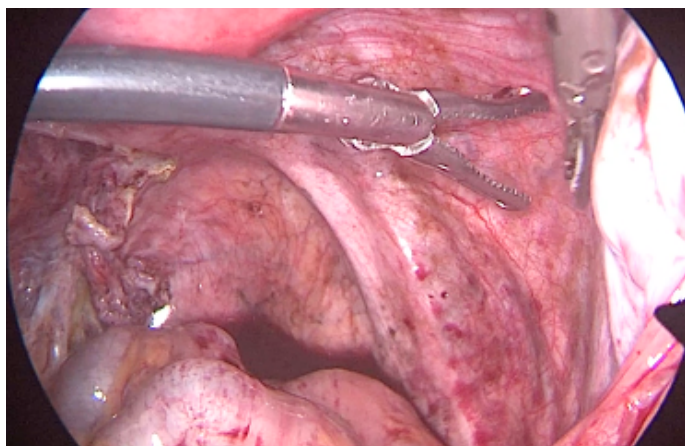
Left ovarian cystectomy for removal of endometrioma.



Left ovarian cystectomy for removal of endometrioma.

Endometrioma

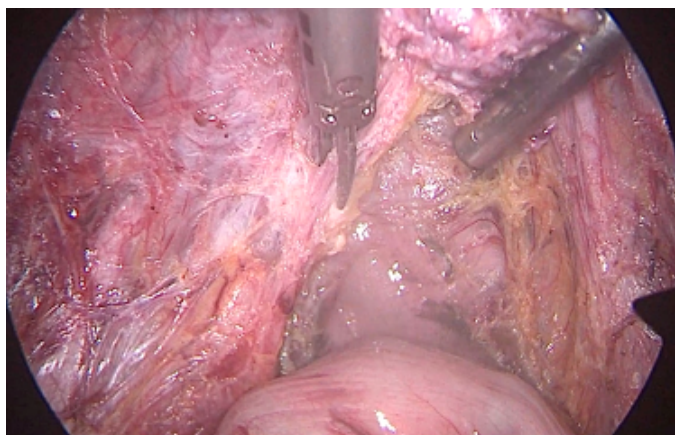
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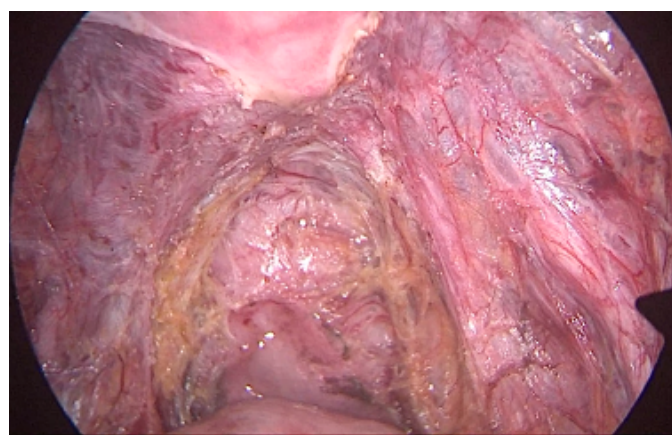
Resection of the right ovarian fossa.



Resection of the ovarian fossa. Note presence of endometriotic implants in the uterosacral ligaments, rectovaginal septum, and posterior cul-de-sac.

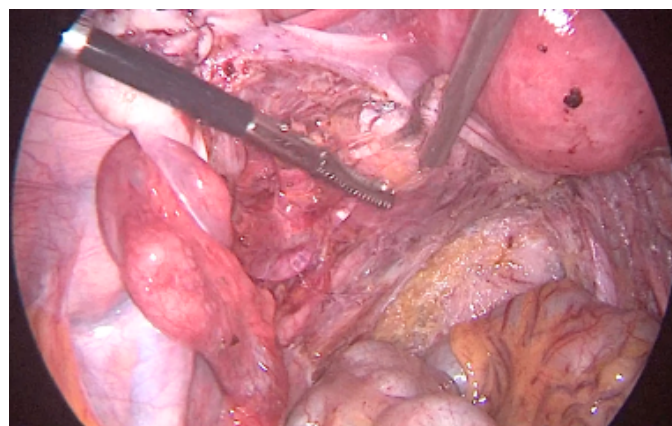


Resection of the ovarian fossa, uterosacral ligaments, rectovaginal septum, and posterior cul-de-sac.



Complete resection of endometriotic implants in the posterior compartment of the pelvis.

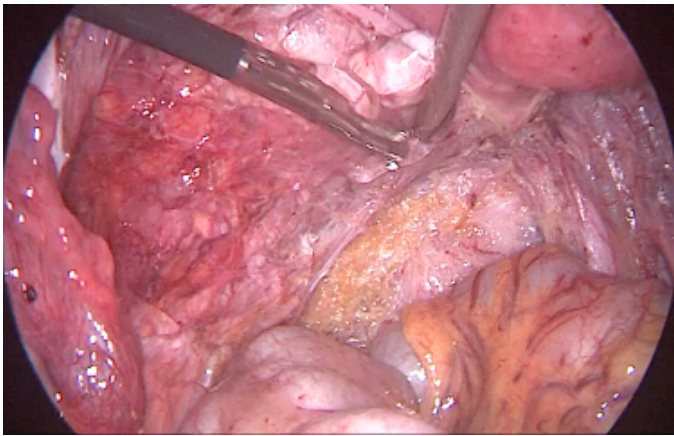
At the end of the procedure, Oxiplex/AP® Adhesion Barrier Gel (FzioMed, San Luis Obispo, CA, USA) was applied in a single layer to cover the operated areas to minimize the formation of intraperitoneal adhesions.



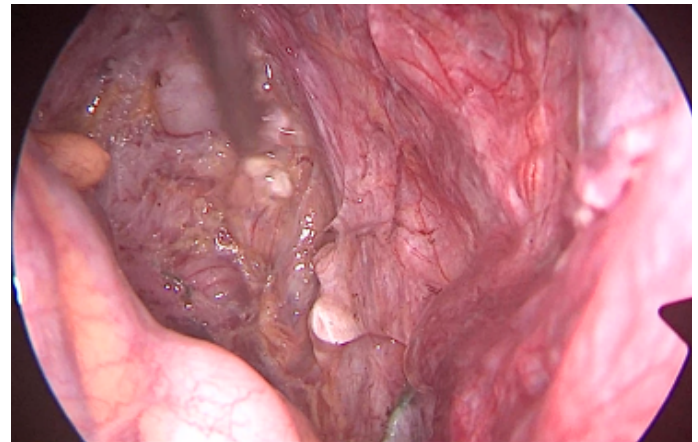
Application of Oxiplex AP in the left ovarian fossa.

Endometrioma

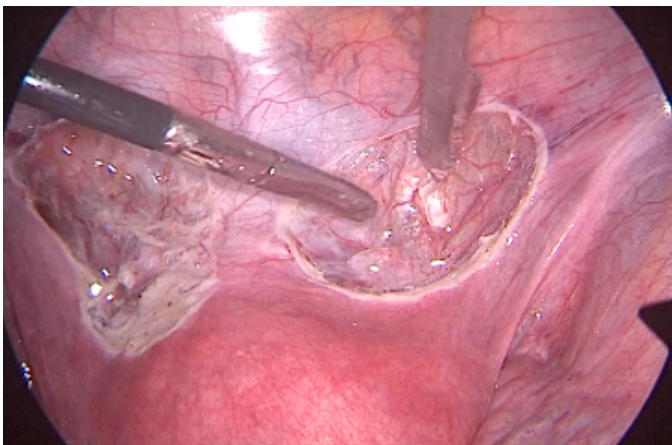
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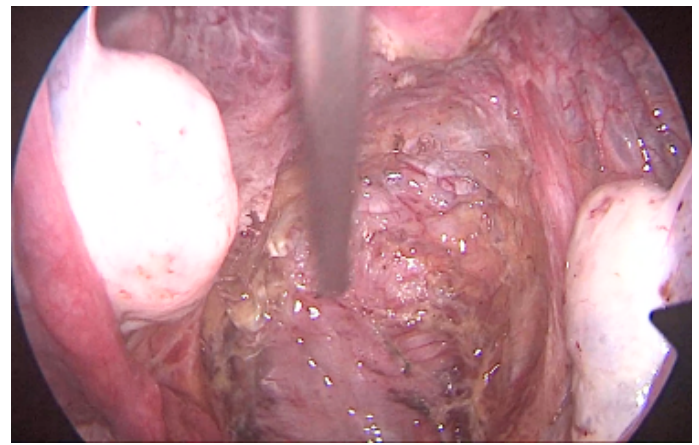
Application of Oxiplex/AP in the right ovarian fossa.



Application of Oxiplex/AP in the right ovarian fossa.



Application of Oxiplex/AP on the anterior cul-de-sac.



Application of Oxiplex/AP on the posterior cul-de-sac.

Surgical time was 81 minutes with intraoperative bleeding of 20ml. Patient was discharged nine hours after the procedure.

Follow Up

Post-surgical evaluation was satisfactory and the patient returned to regular activities in 10 days. After three months post-op, she became pregnant.