

# Is the surgical approach beneficial to subfertile women with symptomatic extensive adenomyosis?

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摘要

## Abstract

AIM: Our aim was to assess the role of surgical intervention for symptom control and reproductive performance improvement in the management of subfertile women with symptomatic extensive uterine adenomyosis. METHODS: Sixty-five subfertile women with pathology-proven extensive uterine adenomyosis, who were treated with conservative surgery or medical treatment with 6-month gonadotrophin-releasing hormone (GnRH) agonist or combination therapy, were retrospectively reviewed and their data analyzed. Twenty-eight women received conservative surgery with/without GnRH agonist (group A), and 37 received 6-month GnRH agonist therapy only (group B). Follow-up evaluations, including subjective symptoms (a self-reported 6-point verbal numeric rating scale and an analgesic usage score for dysmenorrhea) and objective parameters (serum CA125 level, and uterine size), and clinical pregnancy and successful delivery rates were made semi-annually over the ensuing 3 or more years. RESULTS: The women in group A had higher serum CA125 levels, more infertile years, and a larger uterine size. Subjective symptom control and objective parameters were better in group A during the entire 36-month follow up compared with those in group B. Cumulative 3-year clinical pregnancy and successful delivery rates were significantly higher in group A, compared with those in group B (46.4% [13/28] versus 10.8% [4/37],  $P = 0.002$ , and 32.1% [9/28] versus 8.1% [3/37],  $P = 0.022$ , respectively). CONCLUSION: Conservative surgery or combination therapy provides more effective and longer durable symptom control in the management of symptomatic women with extensive uterine adenomyosis, compared with GnRH agonist alone. Reproductive performance was also better in patients treated with conservative surgery with/without GnRH agonist

