

LAPAROSCOPIC APPROACH IN OVARIAN CYSTS

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Especially in recent years, endoscopic interventions have been used for a variety of indications eliminating the need for laparotomy. Although *ovarian cysts which are functional or benign are curable by laparoscopy*, arguments are naturally ongoing for the ovarian neoplasms which are proved to be malign after being laparoscopically. Since the ovaries are not suitable anatomically for easy approach for diagnostic interventions, no reliable method exists for the differentiation of benign and malignant pathologies that appear.

In our present study, we present 44 cases with ovarian cysts who were operated laparoscopically in our clinics. All the patients were prepared preoperatively by pelvic examination, determination of tumor markers, transvaginal doppler USG and history taking. The mean age of the patients and operative time were 35.7 years and 48 minutes, respectively. The mean duration of hospital stay was 1.4 days. We performed oophorectomies, cystectomies and aspiration plus fenestration as the treatment methods in all patients. In two patients, following the frozen section diagnosis of serous cystadenocarcinoma in the samples obtained laparoscopically, laparotomy was performed and they were treated appropriately. In the whole study group, 12 patients underwent oophorectomies, 7 patients had aspiration and fenestration procedures and 23 patients had cystectomy operations. Of the 12 patients who had undergone oophorectomies, 5 had dermoid cysts, 6 had serous cystadenoma and one had cystadenofibroma. Recurrence was identified in only one of the patients after an average follow-up of 10 months.

Preoperative preparatory investigations should be carried out carefully in order to obtain good clinical results in patients with adnexial masses who undergo operative laparoscopies. The most significant advantages of this operation is the reductions in the duration of hospital stay and the risk of adhesions. We believe that in patients who are evaluated preoperatively with caution, laparoscopy will replace laparotomy.