



Abstracts for the
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hours. More than 90% of women achieved significant improvement. Destruction of endometrium was clearly seen at follow-up hysteroscopy.

Conclusion. Thermoablation is a quick, simple, safe, and efficient method of treating severe menorrhagia and should be considered an alternative to surgery wherever there is no intrauterine pathology.

204. A New Method of MR Imaging to Detect Rectovaginal Septum Endometriosis

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Juntendo, Japan.

Objective. To evaluate the feasibility of a new method of MR imaging for preoperative detection of rectovaginal septum endometriosis (RVSE).

Measurements and Main Results. Seven women who complained severe dysmenorrhea or CPP were diagnosed with RVSE by rectovaginal digital examination. Laxatives were administered to empty the rectum for 2 days before MRI examination. Approximately 30 to 50 ml of special jelly for ultrasonography was poured into the vagina and 300 ml into the rectum. The imaging sequence was 1.5T with sagittal and transaxial T1 (TR = 180, TE = 4.0), gadolinium-enhanced T1- and T2-weighted images (TR = 4500, TE = 120). Phased body array coil was used to reveal minimal lesions. Three patients underwent laparoscopic surgery after MRI. Two of them had RVSE. The image most useful in detecting RVSE was T2-weighted, with jelly providing positive contrast, and lesions were characterized as heterointensity areas at the posterior fornix.

Conclusion. Jelly-contrast MRI is minimally invasive and detected RVSE more clearly than conventional methods.

205. Role of Hysteroscopy in Management of Asymptomatic Postmenopausal Women with Suspicious Ultrasound Findings of the Uterine Endometrium

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Cologne, Germany.

Objective. To correlate hysteroscopic and pathologic findings in asymptomatic postmenopausal women with endometrial thickness ≥ 6 mm.

Measurements and Main Results. Vaginal ultrasound (5-MHz probe), continuous-flow hysteroscopy (4.5 mm), and D&C were performed in 304 women (mean

age 64.8 ± 7.1 yrs). Average endometrial thickness measured by ultrasound was 12.2 ± 6.7 mm (range 6–45 mm). Hysteroscopy suggested endometrial polyps in 226 women (74.4%), simple focal endometrial hyperplasia in 4, atrophic endometrium in 18, endometrial hyperplasia in 35 (11.5%), and myomas in 9. In 12 patients (3.9%) the hysteroscopic picture was suspicious for malignancy and histology revealed endometrial adenocarcinoma. Results of hysteroscopic examination were confirmed by histologic findings.

Conclusion. If suspicion is raised and clarification is required, hysteroscopy is easy, safe, and effective. Considering the high number of endometrial polyps, hysteroscopy increases the efficiency of D&C and minimizes the number of false negative procedures.

206. Vaginal Removal of Endometriosis Nodules in the Rectovaginal Pouch Through a Posterior Colpotomy Assisted by Gasless Laparoscopy

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Cologne, Germany.

Objective. To investigate the effectiveness of gasless laparoscopy combined with vaginal extirpation of endometriosis through a posterior colpotomy in treatment of deep rectovaginal endometriosis.

Measurements and Main Results. Subjects were 20 women (mean age 35 ± 8 yrs) with verified deep infiltrating rectovaginal endometriosis (Koninckx type III). Vaginal removal of nodules was performed through a posterior colpotomy, which could be assisted by laparoscopy. There were no intraoperative or postoperative complications. All patients reported significant improvement in symptoms 3 to 18 months postoperatively.

Conclusion. This technique broadens the range of surgical options for deep rectovaginal endometriosis, and in selected women may replace laparotomy.

207. Cervicoisthmic Laparoscopic Preconceptional Cerclage in a Woman with Repeated Midtrimester Cervical Cerclage Failure

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Objective. To report successful laparoscopic placement of a cervicoisthmic cerclage preconceptionally (LPC), followed by pregnancy in a patient with cervical incompetence.

Measurements and Main Results. A 28-year-old woman (gravida 5, para 1, aborta 4) had anovulation, cervical incompetence, and two failed transvaginal cerclages at 18 weeks' gestation. A 5-mm nonabsorbable polyester suture was successfully placed laparoscopically as an interval procedure without complications. The patient conceived at her first cycle of ovulation induction after LPC, and her pregnancy progressed uneventfully.

Conclusion. This procedure should be considered in women who have valid indications for transabdominal cerclage and who desire to avoid surgical procedures during pregnancy.

208. Randomized, Prospective Comparison of Radially Expanding and Conventional Cutting-Tip, Safety-Shielded, Disposable 5-mm Trocars in Laparoscopy

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Objective. To compare two disposable laparoscopic cannulas: a radially expanding access device (READ) and a conventional cutting-tip, safety-shielded trocar (CSST).

Measurements and Main Results. In 100 women undergoing various laparoscopic gynecologic procedures, 100 READs and 100 CSSTs were randomly inserted under direct vision on either side of the lower abdomen. No major injury or postoperative incisional hernia occurred. Of 100 READs placed, only 7 (1%) dislodged, compared with 15 CSSTs ($p = 0.11$). Local bleeding (1% vs 10%) and air leak (2% vs 11%) were significantly ($p < 0.02$) less common with the READ. One day and 1 week postoperatively the women reported no significant difference in local incisional pain (they were blinded to the assignment). However, wound healing 1 week postoperatively was less than optimal significantly more frequently when CSSTs were used (4% vs 14%, $p < 0.03$).

Conclusion. The READ may reduce the frequency of cannula incision bleeding and dislodgement due to its tamponading effect of radial expansion against tissues; however, it does not allow convenient reinsertion.

209. A New Method for Preventing Endoscope Fogging

MR Seitzinger. Berlin Memorial Hospital, Berlin, Wisconsin.

Objective. To evaluate the efficacy of a new method of preventing fogging of laparoscopes and hysteroscopes during endoscopic surgery.

Measurements and Main Results. More than 20 gynecologists from 5 countries evaluated the warming device during a variety of endoscopic procedures. A sterile heat pack was activated and secured at the proximal end of the scope before surgery. The scope maintained its warmth throughout the longest procedures. Compared with scopes without the warmer, treated scopes had dramatic reduction of fogging.

Conclusion. This is an inexpensive method to prevent laparoscopes and hysteroscopes from fogging without having to reapply a solution or rewarm the scopes in water.

210. GnRH Agonist Treatment before Total Laparoscopic Hysterectomy in Women with Large Uteri

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Objective. To evaluate whether uterine shrinkage induced by GnRH agonists before TLH in women with very large uteri (>14 wks) may facilitate surgery.

Measurements and Main Results. Sixty-two women with symptomatic myomatous uteri between 14 and 20 weeks' gestation underwent TLH. They were assigned at a ratio of 1:1 to receive depot leuprolide 11.25 mg 3 months before surgery (group A) or no treatment (group B). Uterine volume was calculated by ultrasonography. The groups were matched for age, parity, BMI, and clinical variables. Three women in group B were converted to laparotomy because of uterine size (2) or difficult hemostasis (1). On average, uterine volume calculated by ultrasonography decreased by 26.5% in group A, whereas it remained unchanged in group B. Mean uterine weight in group A was 328 ± 165 g, and in group B was 462 ± 226 g ($p < 0.02$). Statistical differences were found between the groups concerning operating time (85.3 ± 29.1 vs 115.3 ± 38.2 min, $p < 0.001$) and drop in hemoglobin (1.2 ± 0.8 g/dl vs 1.9 ± 1.0 g/dl, $p < 0.005$). The