Diagnostic and surgical laparoscopy for chronic pelvic pain patients.

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Objective: Our main objective was to determine the place of diagnostic and operative laparoscopy in patients suffering from chronic pelvic pain (CPP) without any preoperative etiology.

Study design: Between October 2011 and December 2012, 34 patients have been operated for severe CPP (VAS: 8.5 to 10) by the same surgeon. Preoperative clinical examination and radiological evaluation were normal. The visual analogic scale (VAS) as well as the existence of psychiatric troubles, a functional somatic syndrome or previous history of surgery for endometriosis have been evaluated.

Results: In 97% of cases, pelvic abnormalities were observed at laparoscopy, such as endometriosis (33%), fibrosis suggesting endometriosis (47%), adhesions (33%), pathological appearance of the uterus (33%) or the uterine tube or ovaries (13%). Surgical procedures were performed in 33 patients and consisted on endometriotic lesions removal, thickened uterosacral ligaments removal, adhesiolyis, salpingectomy and hysterectomy. After the surgery, pain evaluation was possible in 30 patients as 3 were lost of follow-up. In 47% of the patients the VAS was 0/10, in 23% it was 3-4/10. However in 30% of patients, no or slight improvements was observed (VAS >5/10). Among the 30 patients, 40% presented psychiatric troubles or a functional somatic syndrome; those patients compounded 2/3 of the patients with no of few improvement and only 28% of the significantly improved patients. Among the 30 patients, 27% had history of endometrioses and in 63% of cases, significant improvement was noted.

Conclusion: In 97% of cases, the explorative laparoscopy allowed to discover unsuspected lesions. In 70% of cases, the treatment of lesions diagnosed at laparoscopy improved the CPP. Psychiatric troubles or a functional somatic syndrome seem to be a factor of poor prognosis. A history of endometriosis in patients with CPP is predictive of recurrent lesions.