ABSTRACT

OBJECTIVE: To verify the role of laparoscopy in changing the initial infertility treatment plan.
Study Design: Cohort study, enrolled two hundred and thirty seven infertile patients. All the patients were submitted to a complete infertility workup including screening for infection diseases, transvaginal ultrasound, hormone measurements, hysterosalpingography, and laparoscopy. The diagnosis of endometriosis was confirmed by laparoscopy visual findings and biopsy. Endometriosis excision, adhesiolysis, and use of GnRHa after laparoscopy were not considered as change in the initial treatment. On the other side, any switch in the assisted conception technique was taken as change in treatment plan.

RESULTS: Only thirteen patients (5.5%) had normal pelvic cavity on laparoscopy; endometriosis was found in 181 out of 237 patients, with diagnosis confirmed by biopsy in 143 (79.0%). Thirteen patients (5.5%) had bilateral tubal occlusion; 36 (15.2%) had peritubal adhesion, 41 (17.2%) had pelvic adhesion, and 4 (1.6%) had frozen pelvis. Laparoscopy determined the need to switch the initial treatment plan in 85 patients (35.8%).

CONCLUSION: Tuboperitoneal factor prevalence, including endometriosis, is high in the infertile Brazilian population. Laparoscopy assures an optimal initial treatment plan and may change the initially proposed treatment in at least one-third of infertile patients.

Key words: laparoscopy, infertility, endometriosis, peritoneal factor