Objective. The objective of this study is to compare ovarian function and surgical outcomes between patients affected by benign uterine pathologies submitted to myomectomy or total laparoscopic hysterectomy (TLH) plus salpingectomy and women in which standard myomectomy or TLH with adnexal preservation was performed.

Methods. We prospectively compared data of 28 patients who underwent myomectomy or TLH plus bilateral salpingectomy, with those of 18 women treated by myomectomy or standard TLH (sTLH) without adnexectomy, from January to August 2013. Ovarian reserve modification, expressed as the difference between 3 months post-operative and pre-operative values of Anti-Müllerian Hormone (AMH), Follicle Stimulating Hormone (FSH), Antral Follicle Count (AFC), ovarian volume, vascularization index (VI), flow index (FI) and vascularization/flow index (VFI) was recorded for each patient. For each surgical procedure, operative time, variation of hemoglobin level (?Hb), postoperative hospital stay, return to normal activity, and complication rate were recorded as secondary outcomes.

Results. Significant difference was not observed between groups with respect to ?AMH (p=0.45), ?FSH (p=0.16), ?AFC (p=0.29), ?ovarian volume (p=0.77), ?VI (p=0.21), ?FI (p=0.45) and ?VFI (p=78). In addition, secondary outcomes such as operative time (p=0.79), ?Hb (p=0.71), postoperative hospital stay (p=0.12), return to normal activity (p=0.31) and complication rate also did not show any significant difference.

Conclusions. As previously demonstrated in our retrospective analysis, this interim analysis of this prospective study confirms that the addition of bilateral salpingectomy to myomectomy or TLH for prevention of ovarian cancer does not show negative effects on the ovarian function. In addition, no perioperative complications are related to the salpingectomy step in myomectomy or TLH.