ELECTIVE OOPHORECTOMY FOR BENIGN GYNECOLOGICAL DISORDERS- EARLY CONSEQUENCES

TASIC LIDJIA DRAGOLJUB [1]

Introduction
Bilateral oophorectomy is performed in more than 50% of all women having a hysterectomy for benign gynecological disease, such as uterine fibromyomas, endometriosis, pelvic pain and bleeding disorders. It is commonly practiced to prevent the subsequent development of ovarian carcinoma and other surgical conditions. Premature loss of ovarian function lead to higher risk of coronary artery disease, stroke, hip and vertebral fracture, depression, decline in sexual function, memory impairment and dementia. Estrogen deficiency symptoms come more rapidly and are more pronounced than in natural menopause, so the quality of life is significantly worse.

Material
During two years period, we evaluated 42 patients after elective oophorectomy. They were premenopausal, with average age of 42,7 years. The control group were 40 women in natural menopause, with average age of 47,8 years. We examined early consequences of menopause in both group of patients.

Results
All symptoms refer to estrogen deficiency appears more rapidly in artificial menopause group, specially hot flashes, sweats and insomnia. Dyspareunia and vaginal dryness were more common in women in artificial menopause, while depression appears in a significantly higher percentage in women with natural menopause. Long-term consequences refer to cognitive, motor, or emotional brain functions will be monitoring through next years.

Conclusion
It is necessary to evaluate individual risk and benefit in each case of prophylactic oophorectomy. Sometimes there is not enough quality information, which will inform surgeon, as well as a patient, about risk-benefit relation of ovarian removal.