SUMMARY AND CONCLUSION

This study was conducted for evaluation and lysis of adhesions after laparoscopic unipolar drilling of polycystic ovaries.

Thirty women with PCOD, who had previous laparoscopic ovarian drilling by unipolar electrocauterization at the departement of Obstetrics and Gynecology of Benha University Hospital were subjected to a second-look laparoscopy for assessment of intraperitoneal adhesions according to the American Fertility Society classification of adnexal adhesions.

The mean age of the selected women was 26.3 ± 4.7 years, 22 patients were with primary infertility, and 8 patients with secondary infertility.

Twenty women responded after unipolar ovarian drilling by spontaneous ovulation (66.7%), all ovulated during the first month after ovarian drilling as proved by measuring serum progesterone level.

No adhesions could be detected in 7 patients (23.3%), in 16 patients (53.3%), the adhesions were minimal (adhesion scores between 2-5) and localised to the periovarian and peritubal sites, and in 5 patients (16.7%) the adhesions were mild (adhesion scores between 6-8). While in the remaining 2

patients the adhesions could be estimated as moderate (adhesion score 14).

The adhesions present were lysed laparoscopically to restore mobility of the ovaries, normal tuboovarian relationship and ensure tubal patency.

In conclusion, the laparoscopic electrocoagulation of the ovarian tissue in polycystic ovary patients, seems to be easier, less expensive, and more effective than bilateral ovarian wedge resection or even laser methods, especially because the rate of postoperative formation of adnexal adhesions appears to be less frequent and most of the adhesions were of the filmy avascular type which could be easily lysed by blunt dissection without any complications.