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Fertility preservation in women with ovarian endometriosis.

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Abstract

Endometriosis is a frequently encountered benign gynecological disease that may be responsible for infertility. Treatment of endometriosis-associated infertility has been investigated using both medical and surgical therapeutic modalities. Therapy has essentially three main objectives: (i) to preserve and improve fertility, (ii) to reduce pain, and (iii) to delay recurrence. The aim of this paper is to focus on fertility preservation in women with severe endometriosis. In ovarian endometriosisassociated infertility, a medico-surgical approach remains the gold standard, but more and more papers are reporting a low ovarian reserve after laparoscopic cystectomy for endometriomas. Indeed, very frequently, normal ovarian tissue is excised together with the endometrioma wall, even if surgery is performed by experienced surgeons. Vitrification of oocytes should thus be considered in all patients at serious risk of future fertility impairment, particularly in case of recurrence after surgery or before any treatment likely to result in premature ovarian insufficiency (POI). This paper also describes techniques of ovarian tissue cryopreservation (slow-freezing) and reimplantation, which should be considered in case of recurrence risk.