

postoperative EP for six months administered either in a continuous (CON) or cyclic (CYC) fashion.

Measurements and Main Results: At 3, 6, 12 and 24 months postoperatively the patients were evaluated for sonographic recurrence of endometriomas (defined as cyst larger than 3 cm), recurrence of pain evaluated on a VAS scale, and quality of life evaluated with the SF-36 form. After a minimum follow-up of 12 months (mean 18 months), at an intention-to-treat analysis, no endometrioma recurrence was present in group CON, whereas one recurrence (4%) was present in group CYC. Pain recurrence was present in 5 and 9 patients respectively (17% versus 32%; $p=0.23$). SF-36 scores improved in both groups when compared to pre-treatment values, without significant difference between the two groups. However, significantly more patients in group CON suffered from moderate-to-severe side effects and discontinued therapy (41% versus 14%; $p=0.03$) when compared to CYC regimen.

Conclusion: Although equally effective in terms of postoperative pain and/or cyst recurrence, and in improvement of quality of life scores, CON regimen appears to be burdened by significantly more side effects and discontinuation rates compared to CYC administration of EP.

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An Oxidative Stress Induced by Desufflations During Laparoscopy Can be a Triggering Mechanism of Cancer Cell Invasion and Port-site Metastases

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Study Objective: To study CO₂ pneumoperitoneum impact on cancer cell viability and invasion capacities after laparoscopic cancer treatment by means of the in vitro gas box pneumoperitoneum models.

Design: In-vitro gas-box standard pneumoperitoneum model (SPM) and oxidative stress pneumoperitoneum model (OSM) were created. Exposed cells were evaluated in comparison with intact cells immediately after treatment, at 24, 48 and 72 h. Most of experiments were performed in duplicates or repeated more than twice.

Setting: CO₂ was insufflated continuously during 1 hour at

20 mmHg in SPM. CO₂ was insufflated with 5-min interruptions of CO₂ insufflation every 15 min in OSM as a model of desufflations during laparoscopy.

Patients: HeLa - cervical cancer cells were used.

Intervention: Continuous CO₂ insufflation in SPM, CO₂ insufflation was interrupted with free air access to the media with cells in a low OSM; with fluctuated air insufflation at the same level of pressure in a high OSM; with air insufflation at the same level of pressure in an intermediated OSM.

Measurements and Main Results: Attachment, viability (MTT and SRB), ROS generation and invasion capacity (Matrigel assay) of cancer cells were evaluated. Cancer cell attachment, survival and invasion decreased by SPM and high OSM, whereas intermediate OSM increased these parameters ($p<0.05$).

Conclusion: Desufflations during laparoscopy would increase attachment and survival of cancer cells distributed into the abdominal cavity, and may be a triggering factor for cancer cell invasion and port-site metastases. These data support us to suggest a new molecular mechanism of this phenomenon.

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The Result of Laparoscopic Cure of the Ovary Endometriosis of the Ovary

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Study Objective: The laparoscopic treatment of the endometriosis ovary cyst.

Design: The investigation of the results of laparoscopic treatment of the endometriosis cyst among 52 fertile - aged women.

Setting: Centre of Endoscopic Surgery, City Hospital, Samarkand, Uzbekistan.

Patients: Fifty-two patients, aged 20-47, with the illness of endometriosis ovary cyst.

Intervention: Laparoscopic adnexectomy, ovary resection and the husking of cyst.

Measurements and Main Results: The laparoscopic adnexectomy was done to 6(11,5%) of the patients, laparoscopic resection of the ovary was done to 32 (61,5%) and the laparoscopic husking of the cyst was done to 11 (21,2%) patients. 3 (5,8%) of the cases, a vast commissural process was pointed out in the small pelvis with the involving of the slender bowels and the sigma entrails, in connection with this there was a transition to laparotomy. In two cases, the surgery ended with the extirpation of the uterus and its appendages, in one case it ended with the resection of the slender bowels and the excretion of ileostomy. There were no fatal outcomes. In the post operational period all the patients were proscribed a hormonal therapy.

Conclusion: Laparoscopy serves as the method of choice in the surgical treatment of the patients with endometriosis lesions of ovary, and it has a number of advantages, compared with laparotomy.