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Surgical management of polycystic ovary syndrome

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Laparoscopic ovarian drilling (LOD) has evolved from bilateral ovarian wedge resection by laparotomy, which was the only clinical treatment for polycystic ovary syndrome (PCOS) during the 3 decades prior to the introduction of clomiphene citrate and parenteral gonadotropins in the 1960s. Like ovarian wedge resection, LOD increases fertility by restoring ovulatory function but has the advantages of being a minimally invasive outpatient procedure with less ovarian destruction or clinically significant postoperative adhesions. It is very quick and easy to perform with common laparoscopic instruments. Unfortunately, the procedure has not been standardized as far as the number of punctures, the energy dose, duration and source or whether one or both ovaries should be treated. LOD has been shown to reverse many of the hormonal and ultrasonographic abnormalities associated with PCOS. It is indicated as an alternative to parenteral gonadotropin therapy for infertility due to anovulation which is unresponsive to oral agents such as clomiphene, letrozole and/or metformin. Pregnancy rates are similar to ovulation induction with gonadotropins but without the risk of multiple pregnancy and ovarian hyperstimulation syndrome. It is preferred by patients since multiple daily injections and frequent office visits for follicle monitoring are avoided. It has also been shown to be more cost effective. Despite these clear benefits, it is very infrequently performed in the US. More research is needed to determine the optimal surgical technique as well as long-term non-reproductive outcomes such has reduction in hirsutism, metabolic syndrome and endometrial cancer.

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Twelve years after Rotterdam consensus: We are in need for a practical but not a political classification of PCOS

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Four sub phenotypes of polycystic ovarian syndrome (PCOS) have emerged after the definition of the syndrome according to a joint ASRM/ESHRE consensus meeting, in Rotterdam, 2003. Many pitfalls have resulted after this consensus, like the heterogeneity of the sub phenotype groups which lead to controversy and debate of the results of any comparative studies. Also, this consensus has neglected the role of insulin resistance, although PCOS is now recognized as an important metabolic and reproductive disorder. On the other hand this classification cannot solve the problem of cases having PCO in the absence of anovulation or hyperandrogenism (asymptomatic PCO), where these cases are not considered as having PCOS. The use of Rotterdam diagnostic criteria in the studies of PCOS has ended the debate between ASRM/ESHRE groups from the political point of view, but we are still in need of a practical not a political classification, so we tried to introduce a proposal of a novel practical classification of PCOS to minimize the previous pitfalls.

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