

Laparoscopic Approach has Benefits in Gynecological Emergencies - Even for Massive Hemoperitoneum

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Abstract

Objective: The purpose of this study is to compare the laparoscopic with the open approach in hemoperitoneum of gynecological origin.

Materials and methods: Retrospective study of patients admitted to a tertiary emergency hospital between January 2013 – January 2015.

Results: There were 56 patients, 27 in the laparoscopic group (LG) and 28 in the open group (OG). The gynecological emergency was a ruptured ovarian cyst in 20 (74%) versus 17 (59%) cases, and an ectopic pregnancy with tubal rupture in 7 (26%) versus 12 (41%) patients in both the laparoscopic and open approaches, respectively. The main outcome - mean intraoperative hemoglobin decrease - was 1.5 ± 1.2 g/dl in the laparoscopic and 1.9 ± 1.4 in the open approach ($p=0.344$). There were no differences regarding red blood transfusion rate, needs for analgesics, postoperative complications and in-hospital stay.

Conclusion: The laparoscopic approach in acute abdomen of gynecologic origin is non-inferior to open surgery.

Key words: laparoscopy; gynecological emergencies; hemoperitoneum