

Correspondence

Urgent surgical intervention for ruptured ovarian endometrioma

In a recent issue, Huang et al [1] published an article entitled “Long-term follow-up of patients surgically treated for ruptured ovarian endometriotic cysts”. Therein they presented two conclusions: one was that endometrioma rupture should be considered in females presenting with sudden lower abdominal pain, associated with a history of dysmenorrhea and preexisting pelvic cyst; and the other was that emergency surgical intervention can lead to a better prognosis, particularly in patients without a history of previous endometrioma surgery [1].

Although we do not dispute the overall content of the paper, we have very different opinions about their conclusions. First, the incidence or prevalence of endometriosis of the women of reproductive age was unknown, especially in Taiwan; and second by contrast the incidence or prevalence of pelvic cyst is very high, especially for women of reproductive age, since the functional cyst is always present during their menstrual cycles. If emergency surgery is suggested for those women with sudden lower abdominal pain, associated with a history of dysmenorrhea and pelvic cyst, there is the possibility of undertaking unnecessary surgery. For example, corpus luteum rupture might show a similar clinical pattern. The authors have suggested these symptoms should be surgically managed urgently for a better outcome. It is well known that the majority of women with corpus luteum hemorrhage are self-limited without an immediate need for emergency intervention. Spontaneous recovery of these women with ruptured corpus luteum occurs in nearly all cases. In addition, the incidence or prevalence of endometriosis might not be similar to the incidence or prevalence of ovarian endometriotic cysts. A previous report has shown a prevalence of 12% in a subset of asymptomatic patients indicated for sterilization, and 32.5% among the women undergoing laparoscopy [2]. Based on the study of Yang et al (2012), the prevalence of endometriosis

was nearly 7.1% (20,220/283,987) in women of reproductive age, based on a population-based study from the National Health Insurance Research Database of Taiwan [3]. Since corpus luteum rupture shows very similar clinical conditions, the suggestion for emergency surgical intervention needs further discussion and consideration.

Declaration

No benefit of any kind will be received either directly or indirectly by the authors.

References

- [1] Huang YH, Liou JD, Hsieh CL, Shiao CS, Lo LM, Chang MY. Long-term follow-up of patients surgically treated for ruptured ovarian endometriotic cysts. *Taiwan J Obstet Gynecol* 2011;50:306–11.
- [2] Chu KK, Chen FP, Chang SD. Prevalence of endometriosis among women undergoing laparoscopic procedures. *Diagn Ther Endosc* 1995;2: 35–7.
- [3] Yang MH, Wang PH, Wang SJ, Sun WZ, Oyang YJ, Fuh JL. Women with endometriosis are more likely to suffer from migraines: a population-based study. *PloS One* 2012;7:e33941.

Kuan-Hao Tsui*

An-Jen Chiang

Ken-Jen Yu

Department of Obstetrics and Gynecology, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan
Department of Obstetrics and Gynecology, National Yang-Ming University School of Medicine, Taipei, Taiwan

*Corresponding author. Kaohsiung Veterans General Hospital
386 Ta-Chung 1st Rd, Kaohsiung 81346, Taiwan, ROC.
E-mail address: khtsui60@gmail.com (K.-H. Tsui)