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An insight into the associated factors with recurrent endometriomas after surgical excision

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Abstract

Atwa et al.'s study shed light on endometrioma management and factors affecting recurrence. However, the exclusion of open ovarian surgery patients and the potential impact of laparoscopic surgery on ovarian reserve and outcomes warrant consideration. Including both surgical approaches in future studies would enable a comprehensive assessment of their effectiveness and influence on endometrioma recurrence, enhancing our understanding of surgical excision outcomes.

Dear Editor,

A recent study by Atwa et al. [1] provides valuable insights into managing endometriomas and the factors influencing their recurrence. It significantly contributes to the existing literature in the field. This letter highlights the importance of considering laparoscopic surgery as a potential confounder. Factors associated with recurrent endometriomas after surgical excision include incomplete excision, advanced disease stage, hormonal imbalance, endometriosis-associated inflammation, genetic predisposition, surgical technique, and postoperative management. Furthermore, individualized treatment and close monitoring are important for minimizing the risk of recurrence [2].

While acknowledging the significance of the study, I would like to add some suggestions. Only those patients undergoing laparoscopic surgical excision of endometrioma were included in the study. Considering the potential impact of laparoscopic surgery on ovarian reserve and patient outcomes is crucial in assessing the factors contributing to endometrioma recurrence. Laparoscopic surgical interventions have gained wide acceptance and are commonly employed in managing endometriomas. However, laparoscopic procedures, although minimally invasive, can still affect ovarian reserve and subsequent fertility outcomes [3]. These effects may include alterations in ovarian blood supply, unintentional damage to ovarian tissue, or adhesion formation, which may influence the risk of endometrioma recurrence [4]. Moreover, a history of pelvic surgeries may be associated with an increased risk of endometrioma recurrence. In this regard, it might be helpful for a better understanding of endometrioma recurrence. The underlying mechanisms behind this association are not yet fully understood, but it is hypothesized that surgical trauma, alterations in pelvic anatomy, and potential activation of inflammatory processes could contribute to the recurrence.

Including patients who underwent both open ovarian surgery and laparoscopic surgery in future studies would make a better assessment of the comparative effectiveness of different surgical approaches and their impact on endometrioma recurrence possible. The comprehensive approach would provide a more robust understanding of the factors influencing the outcomes of surgical excision for endometriomas.

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