

P156. Endometriosis and tubo-ovarian pelvic abscess after oocyte retrieval

A RODRIGUEZ BUJEZ (ES) [1], E MANCHA HEREDERO (ES) [2], A ARNAL BURRO (ES) [3], A M MUÑOZ LEDESMA (ES) [4], A ALVAREZ GONZALEZ (ES) [5], Y PASCUAL ARÉVALO (ES) , M GARCÍA YUSTE (ES) , A MARTÍNEZ MAZARIEGOS (ES) [6], F VAZQUEZ CAMINO (ES)

Context:

Endometriosis occurs in several cases of women with infertility. In vitro fertilization (IVF) is an effective treatment for these women, and although pelvic inflammatory disease (PID) is an infrequent complication of oocyte retrieval (OR) endometriosis is a risk factor.

Objective:

We discuss a clinical case of tubo-ovarian abscess in women with endometriosis after oocyte retrieval despite antibiotic preventive treatment.

Methods :

We revise endometriosis incidence in our area and pelvic inflammatory disease, between 2011 and 2017. A case of severe pelviperitonitis and sepsis after OR in a patient with endometriosis was described.

Clinical case

A 33 year old woman with a 4 cm endometrioma diagnosed by ultrasound in her right ovary and 1,5 cm endometrioma in the left. She was pregnant before but she had a voluntary miscarriage due to fetal malformation . We performed oocyte retrieval, and the bigger endometrioma was accidentally punctured. Amoxicillin clavulanic was preventive administered. Two embryos were transferred on the third day and another one was cryopreserved. Two days after embryo transfer, she reported unexplained fever and paracetamol was administered. After a week, she was hospitalized and showed sepsis signs. Computered Tomography (TC) didn't showed any abcess or pelvic collection. Intravenous antibiotics were administred, and she got better, but six days after sepsis signs reappeared and TC showed several pelvic abcesses and required surgical drainage. Right adnexectomy, left quistectomy and bilaterally salpinguectomy were performed. She did not get pregnant.

Result(s)

We performed 1029 IFV cycles between 2012 and 2017, and there were 921OR. Endometriosis prevalence in our area was around 20%. Only this case of PDI was described (0,1%).

Conclusions

Pelvic inflammatory disease with progression to pelvic abscess is a rare complication after OR during in vitro fertilization cycles. The puncture of the endometrioma plays a critical role in the development of pelvic abscess but this incident cannot be totally prevented. Fear about this complication should not play a role in the decision-making process regarding the opportunity to remove the cyst before initiating the cycle. There is currently cumulative evidence supporting the view that surgical treatment does not

improve ovarian responsiveness to gonadotropins. It is unclear whether antibiotic prophylaxis should be used during OR.

[1] SACYL. RIO HORTEGA HOSPITAL, VALLADOLID, [2] SACYL. RIO HORTEGA HOSPITAL, VALLADOLID, [3] SACYL. RIO HORTEGA HOSPITAL, VALLADOLID, [4] SACYL. RIO HORTEGA HOSPITAL, VALLADOLID, [5] SACYL. RIO HORTEGA HOSPITAL, VALLADOLID, [6] SACYL. RIO HORTEGA HOSPITAL, VALLADOLID