

Previous surgery for endometriosis: a further risk for obstetric complications?

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Objective. A number of evidence has shown that endometriosis is associated with an increased incidence of obstetric complications, but it is still unknown if other variables related to the disease influence the outcome. Thus, the aim of the study was to evaluate whether a history of surgery represents an additional risk factor for adverse pregnancy and delivery outcome among women with endometriosis.

Materials and Methods. A retrospective observational cohort study on prospectively collected data was conducted in a single tertiary referral center for both endometriosis and high-risk pregnancy between 2019 and 2021. Women with a history of endometriosis, diagnosed either by imaging or by histological confirmation after surgery, who were followed up and delivered after singleton pregnancy were included. Women with and without previous surgical treatment for endometriosis were

compared in terms of maternal characteristics, mode of conception, pregnancy management, obstetric complications, delivery and postpartum outcome, pregnancy and delivery outcome.

Results. The study population included 162 cases and 103 (63%) had 1 or more surgery for endometriosis. A high incidence of preterm births, placental disorders, gestational diabetes, caesarean section (CS) and postpartum haemorrhage (PPH) was found compared to non-endometriosis patients. However, women with a history of surgery for endometriosis had further increase of CS (47%) and PPH rate (27%) compared to those conservatively managed. No difference was found in terms of other obstetric complications.

Conclusions. Pregnant women with a history of surgery for endometriosis should be considered at high risk for peripartum and postpartum adverse outcomes.