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### 腹腔镜骶前神经切断术治疗子宫内膜异位症疼痛有效性和安全性分析

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## Effectiveness and Safety of Laparoscopic Presacral Neurectomy in Treating Endometriosis-associated Pain

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摘要 目的 评价腹腔镜骶前神经切断术治疗子宫内膜异位症所致痛经的有效性及安全性。方法 将64例需要保留生育功能的子宫内膜 异位症所致痛经患者,按前瞻性非随机方法分为研究组和对照组。对照组仅行保留生育功能的子宫内膜异位症病灶切除术(包括盆腔 黏连松解术、卵巢子宫内膜异位囊肿切除术、盆腔腹膜病灶电灼术),研究组行保留生育功能的子宫内膜异位病灶切除术并加行骶前 神经切断术。比较两组患者的术前疼痛评分、术中分期、手术时间、术中出血量、术后疼痛缓解效果及术后并发症等。结果 两组患者 的年龄、体重、术前痛经时间、术前疼痛评分、手术分期、手术时间、出血量等差异均无统计学意义(P>0.05); 所有患者术后观察6 ~18个月,中位随访时间12.8个月,术后疼痛有效缓解率研究组为89.28% (25/28)、对照组为61.29% (19/31),两组比较差异具 有统计学意义(P=0.030)。结论 子宫内膜异位症痛经患者加行腹腔镜下骶前神经切断术者,术后疼痛缓解率明显高于单纯异位病 灶切除术者,且不增加手术时间、术中出血量。

#### 关键词: 子宫内膜异位症 痛经 骶前神经切断术 腹腔镜检查

Abstract: Objective To explore the effectiveness and safety of laparoscopic presacral neurectomy (LPN) in treating endometriosis-associated pain. Methods Totally 64 patients with endometriosis were divided into two groups using prospective non-random method. Patients in the control group received only the conventional laparoscopic resection of endometriosis lesions, while patients in the LPN group underwent LPN in addition to the resection of endometriosis lesions. The pre-operative pain scores, intra-operative staging Results, surgical duration, intra-surgical blood loss, post-operative pain relief were compared between these two groups. Results These two groups showed no significant differences in terms of age, body weight, pre-operative pain score, surgery staging, surgical duration, and intra-operative blood loss (all P>0.05). All patients were followed up for 6 to 18 months (median: 12.8 months). The post-operative pain relief rate was 89.28% (25/28) in LPN group and 61.29% (19/31) in the control group (P=0.030). ConclusionLPN can effectively and safely in treating endometriosis and its associated pain.

Keywords: endometriosis dysmenorrhea presacral neurectomy laparoscopy

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