

## **SURGICAL TREATMENT OF SUPPURATIVE INFLAMMATION OF OVARIES**

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The frequency of the inflammatory diseases of the ovaries and especially their most serious forms increased recently to a considerable extent. This led to a greater percentage of their surgical treatment. We have examined women aged 30-60 years with a suppurative ovaritis who have been treated surgically. Other pathology of the genital organs was diagnosed in 30 women: 19 cases with myoma, 2 pyometritis, 1 endometriosis, 1 polyposis of the uterus, 10 cystosis of the ovaries. Somatic disease such as hypertension, diabetes, etc, existed in 23 cases: 19 patients have experienced surgical operation before: appendectomy (12 patients); salpingectomy (6 - in 2 patients for an inflammatory disease and in 4 ones for ectopic pregnancy); Cesarean section (1 patient). In all women the illness has begun with pains in the lower part of the abdomen, raising of the temperature and leukocytosis. The increased ESR corresponded with the severity of the disease and was an important diagnostic symptom. The examination showed in 6 patients positive Blumberg in all part of the abdomen; in 13 patients in the lower parts; in 33 it was negative. The state of 30 patients was assessed as satisfactory, of 20 serious and 2 patients were with very serious condition. Seventeen women have been operated on the first day of hospitalization, 16 were treated conservatively for 1-7 days; 13 patients for 7-14 days and 3 women for more than 14 days. Powerful antiinflammatory and disintoxicative treatment was applied without therapeutic effect which compelled surgical treatment. Indications for a surgical treatment were a rupture of the abscessus capsula (10 women); diffuse peritonitis (10); imminent rupture of the abscessus capsula (4); torsion of a cyst (4); necrosis of myomatic nodus (4); neoplastic process of the ovary, noneffective conservative treatment (20). During the operation the following cases were observed: rupture of the abscessus capsula (14 patients); diffuse peritonitis (9); pelvioperitonitis (5). In 26 women an infiltration of the adjacent tissues, mainly of the connective apparatus of the uterus, was found. In 17 women intestinal wall was infiltrated, too, which made the operation rather more difficult. The extent of the latter depended on the inclusion of the uterus and the ovaries and on the age of the patients, too.

Bacteriological examination of the purulent material was done in 54 patients. *Bacterium coli* was found in 12 patients; there was 1 case with Staphylococcus, Streptococcus and Gonococcus each. In 19 patients it was sterile. The postoperative period deserves particular attention both for the early and late results. The average duration of the postoperative period in the ward was 17,5 days. Its increase was connected with the grave cases which were manifested by complications. One patient, who had been operated after 13 day-long ineffective conservative treatment, had died. The most frequent postoperative complication was parametritis. We point out that postoperative complications appeared usually after adnexectomy; we had only two complications after total hysterectomy, nevertheless suppurative processes existed. The analysis of the cases with suppurative processes of the ovaries shows that this group needs special attention. There is no doubt about the necessity of surgical treatment. It is more difficult to choose the exact moment for the operation if there are no indications for urgent intervention (peritonitis, imminent or present rupture of the abscessus, etc). Some authors do not recommend an operative treatment of the suppurative diseases of the ovaries in the acute stage or during the exacerbation of the process because there is great possibility of developing serious complications after it. This point of view is completely correct about young women while the indications for surgical treatment of women in older age should be enlarged. We think that the operations are absolutely indicated in cases with peritonitis, imminent or present rupture of the abscessus. In all other cases conservative treatment should be started with a parallel profound examination for eventual operation. If the state of the patient does not improve the need of operative treatment should be discussed (although high temperature and leukocytosis exists) at the end of the second week. In our cases when the temperature has fallen and the blood count has improved but the volume and the painfulness of the inflammatory formation existed surgical treatment was applied at the end of the second week. Another important question is that of the extent of the surgical intervention. Our opinion is that women after forty's should undergo radical operation - removing not only the focus of the inflammation but also the uterus and the ovaries. It will decrease the possibility of postoperative complications and the relapse of the inflammation.