**Title**
**Should Diagnostic Laparoscopies Be Deferred In Young Women Presenting With Pelvic Pain and a Normal Pelvic Ultrasound Scan?**

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**Introduction**
Chronic Pelvic pain (CPP) is a common reason for gynaecology clinic (GOPD) referrals. Incidence of CPP is increasing in young people and on attendance, they expect a definitive diagnosis and curative or effective treatment to alleviate pain, unfortunately this is not usually achievable. Despite normal pelvic ultrasound scan(USS), many young women undergo laparoscopy to diagnose the existence/absence of causative factors such as endometriosis, yet empirical treatment can be started without this.

Hypothesis: A diagnostic laparoscopy is a beneficial investigation in most young women presenting to GOPD with CPP and a normal USS.

**Methods**
All laparoscopies undertaken to investigate women aged 16-30 years with CPP, a normal USS, and no previous laparoscopy, from December 2014 to December 2016 were retrospectively audited using a proforma.

**Results**

The 151 consecutive women (mean age 25 years and BMI 25), had a prevalence of 11% anxiety, 11% depression and 13% IBS. A normal pelvis was found at laparoscopy in 110 (72.8%) and in the remaining 41 (27.2%), there were 25 (16.6%) stage1-endometriosis, 2 (1.3%) stage-2 endometriosis, 2 (1.3%) stage-3 endometriosis, 1 (0.7%) stage-4 endometriosis, 9 (6%) with filmy adhesions, 1 (0.7%) with thick adhesions and 1 (0.7%) simple cyst.

**Conclusion**

Laparoscopies confirmed normal findings in most young women with CPP and normal pelvic USS, with only 3 women (2%) diagnosed with stage 3/4 endometriosis who were offered further surgical intervention. ESHRE guidelines recommend that in the absence of signs of deep infiltrating or ovarian endometriosis in clinical exam and imaging, a laparoscopy should not be performed purely to find/ treat peritoneal disease, especially in adolescents and young adults. Available evidence suggests limited benefit of surgical treatment in mild endometriosis or filmy adhesions, thus we propose empirical medical treatment, reassurance, education and supported self-management strategies are particularly important as a first line approach in managing younger women, over invasive investigations.

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