

## IVF OR SURGERY FIRST IN DEEP INFILTRATIVE ENDOMETRIOSIS: WHAT IS THE BEST OPTION ?

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### **Abstract Body**

Deep infiltrating endometriosis (DIE) affects several anatomical locations including the bladder, torus uterinum, utero-sacral ligament, rectovaginal septum and bowel. It is the most debilitating form of endometriosis and causes severe pain, digestive and urinary symptoms as well as infertility. Faced with an infertile woman suffering from DIE, the dilemma is whether to opt for first-line IVF treatment or for surgery. In the absence of high-level of evidence from randomized studies, several factors should be taken into account in the decision-making process. The main criterion is whether the patient wants in-vitro fertilization (IVF) treatment or not. Secondly, while previous reports have demonstrated the positive impact of surgery on pregnancy, they also underline the risk of severe complications requiring management in expert centers. Despite the availability of predictive models or scoring systems, the decision mainly boils down to the couple's characteristics. It seems logical to propose first-line IVF when spontaneous fertility is not possible due to associated male infertility or tubal obstruction; for women aged  $\geq 35$  years; or in women with diminished ovarian reserve. Conversely, first-line surgery could be the best option for women without these characteristics. However, this strategy is highly criticizable and mainly based on low-level of evidence underlining the requiring of randomized trials.