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### 【临床研究】

# 腹腔镜囊肿剥除术与腹腔镜囊肿电凝术治疗卵巢子宫内膜异位囊肿疗效比较

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**摘要:** **目的** 比较腹腔镜囊肿剥除术与腹腔镜囊肿电凝术治疗卵巢子宫内异位囊肿的临床效果。**方法** 选择2015年1月至2016年10月南阳市第一人民医院收治的125例卵巢子宫内异位囊肿患者为研究对象,按照手术方式分为观察组( $n=65$ )和对照组( $n=60$ )。观察组患者采用腹腔镜囊肿剥除术,对照组患者采用腹腔镜囊肿电凝术。记录2组患者的手术时间和术中出血量;术后1个月,采用视觉模拟评分法(VAS)对2组患者疼痛进行评分;分别于术前及术后1、6个月,采用化学发光法检测患者血清卵泡刺激素(FSH)、黄体生成素(LH)、雌二醇( $E_2$ )及黄体酮(P)水平,采用经阴道多普勒超声检测卵巢基质动脉血流收缩期峰值(PSV)和卵巢窦状卵泡数目(AFC);观察2组患者术后6个月内囊肿复发情况。**结果** 2组患者的手术时间、术中出血量、术后VAS评分比较差异均无统计学意义( $P>0.05$ )。术前2组患者血清FSH、LH、 $E_2$ 及P水平比较差异均无统计学意义( $P>0.05$ )。2组患者术后1个月时血清FSH、LH水平显著高于术前, $E_2$ 、P水平显著低于术前( $P<0.05$ )。对照组患者术后6个月时血清FSH、LH水平显著低于术后1个月( $P<0.05$ ),对照组患者术后6个月与术后1个月时血清 $E_2$ 、P水平比较差异无统计学意义( $P>0.05$ )。观察组患者术后6个月时血清FSH、LH水平显著低于术后1个月, $E_2$ 水平显著高于术后1个月( $P<0.05$ );观察组患者术后6个月与术后1个月时血清P水平比较差异无统计学意义( $P>0.05$ )。术后1、6个月,观察组患者血清FSH、LH水平显著低于对照组, $E_2$ 、P水平显著高于对照组( $P<0.05$ )。术前2组患者卵巢基质动脉PSV、AFC比较差异均无统计学意义( $P>0.05$ );2组患者术后1个月时卵巢基质动脉PSV、AFC显著低于术前( $P<0.05$ ),2组患者术后6个月时卵巢基质动脉PSV、AFC显著高于术后1个月( $P<0.05$ );术后6个月,观察组患者卵巢基质动脉PSV、AFC显著高于对照组( $P<0.05$ )。术后6个月内,观察组和对照组患者囊肿复发率分别为6.15%(4/65)和18.33%(11/60),观察组患者囊肿复发率低于对照组( $\chi^2=4.383, P<0.05$ )。**结论** 与腹腔镜囊肿电凝术比较,腹腔镜囊肿剥除术对卵巢子宫内异位囊肿患者的卵巢功能损害较小,且囊肿复发率低。

**关键词:** 卵巢囊肿;子宫内膜异位囊肿;腹腔镜手术;囊肿剥除术;囊肿电凝术;卵巢功能

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## Comparison of the effect between laparoscopic oophorocystectomy and laparoscopic electrocoagulation in the treatment of ovarian endometriosis cyst

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**Abstract:** **Objective** To compare the clinical effect of laparoscopic oophorocystectomy and laparoscopic electrocoagulation in the treatment of ovarian endometriosis cyst. **Methods** A total of 125 patients with ovarian endometriosis cyst in the First People's Hospital of Nanyang City from January 2015 to October 2016 were selected as the study subjects, and the patients were divided into observation group ( $n=65$ ) and control group ( $n=60$ ) according to the operation method. The patients in the observation group were treated with laparoscopic oophorocystectomy, while the patients in the control group were treated with laparoscopic electrocoagulation. The operation time and intraoperative bleeding volume were recorded in the two groups. The pain of the patients in two groups was evaluated by visual analogue scale (VAS) at one month after operation. The levels of serum follicle stimulating hormone (FSH), luteinizing hormone (LH), estradiol ( $E_2$ ) and progesterone (P) were measured by chemiluminescence method before operation and 1, 6 months after operation. The peak systolic velocity (PSV) of ovarian stromal artery and the number of ovarian antral follicle count (AFC) were measured by transvaginal Doppler ultrasound. The recurrence of cysts in the two groups was observed within 6 months after operation. **Results** There was no

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significant difference in the operation time, intraoperative bleeding volume and VAS score between the two groups ( $P > 0.05$ ). There was no significant difference in the levels of serum FSH, LH,  $E_2$  and P between the two groups before operation ( $P > 0.05$ ). The levels of serum FSH and LH at one month after operation were significantly higher than those before operation, and the levels of serum  $E_2$  and P at one month after operation were significantly lower than those before operation in the two groups ( $P < 0.05$ ). The levels of serum FSH and LH at six months after operation were significantly lower than those at one month after operation in the control group ( $P < 0.05$ ). There was no significant difference in the levels of serum  $E_2$  and P between six months after operation and one month after operation in the control group ( $P > 0.05$ ). The levels of serum FSH and LH at six months after operation were significantly lower than that at one month after operation in the observation group ( $P < 0.05$ ). The level of serum  $E_2$  at six months after operation was significantly higher than that at one month after operation in the observation group ( $P < 0.05$ ). There was no significant difference in the level of serum P between six months and one month after operation in the observation group ( $P > 0.05$ ). The levels of serum FSH and LH in the observation group were significantly lower than those in the control group at one and six months after operation ( $P < 0.05$ ). The levels of serum  $E_2$  and P in the observation group were significantly higher than those in the control group at one and six months after operation ( $P < 0.05$ ). There was no significant difference in PSV of ovarian stromal artery and AFC between the two groups before operation ( $P > 0.05$ ). The PSV of ovarian stromal artery and AFC of were significantly lower at one month after operation than those before operation in the two groups ( $P < 0.05$ ). The PSV of ovarian stromal artery and AFC at six months after operation were significantly higher than those at one month after operation in the two groups ( $P < 0.05$ ). The PSV of ovarian stromal artery and AFC in the observation group were significantly higher than those in the control group at six months after operation ( $P < 0.05$ ). Within six months after operation, the recurrence rate of cysts in the observation group and the control group was 6.15% (4/65) and 18.33% (11/60), respectively. The recurrence rate of cysts in the observation group were lower than that in the control group ( $\chi^2 = 4.383, P < 0.05$ ). **Conclusion** Compared with laparoscopic cyst electrocoagulation, laparoscopic oophorocystectomy has less damage to ovarian function and lower recurrence rate of ovarian endometriosis cyst.

**Key words:** ovarian cysts; endometrial cyst; laparoscopic operation; cystectomy; cyst electrocoagulation; ovarian function

子宫内膜异位囊肿是指子宫内膜的腺体和间质出现在子宫以外的脏器中,该病是育龄期妇女较为常见的疾病,近年来发病率呈上升趋势<sup>[1]</sup>。研究显示,子宫内膜异位囊肿病变较为广泛,且形态多样,具有浸润性,较易复发<sup>[2]</sup>。目前,腹腔镜手术已成为卵巢囊肿的重要治疗方法,较常用的手术方式包括囊肿剥除术和囊肿电凝术。随着腹腔镜手术的广泛开展,多位学者发现腹腔镜手术对患者卵巢储备功能可造成一定的影响<sup>[3-4]</sup>。本研究旨在探讨腹腔镜囊肿剥除术与腹腔镜囊肿电凝术治疗卵巢子宫内膜异位囊肿的临床效果及对卵巢功能的影响。

## 1 资料与方法

**1.1 一般资料** 选择 2015 年 1 月至 2016 年 10 月南阳市第一人民医院妇产科收治的卵巢子宫内膜异位囊肿患者 125 例,其中,65 例患者行腹腔镜囊肿剥除术(观察组),60 例患者行腹腔镜囊肿电凝术(对照组)。观察组:患者年龄 27 ~ 39 (34.72 ± 6.42) 岁,体质量指数 20 ~ 25 (22.63 ± 2.63) kg · m<sup>-2</sup>,囊肿直径 3 ~ 6 (5.47 ± 1.82) cm。对照组:患者年龄 28 ~ 41 (35.19 ± 6.88) 岁,体质量指数 21 ~ 25 (23.14 ± 2.57) kg · m<sup>-2</sup>,囊肿直径 3 ~ 7 (5.32 ± 1.66) cm。2 组患者的年龄、体质量指数、囊肿直径

比较差异均无统计学意义( $P > 0.05$ ),具有可比性。

**1.2 方法** 2 组患者均全身麻醉,常规设置二氧化碳人工气腹,维持气腹压力约 15 mmHg (1 mmHg = 0.133 kPa)。在左、右侧下腹部位行 1.0 cm 及 0.5 cm 的切口,置入腹腔镜,进行盆腔探查,获得充分的手术视野。观察组患者行腹腔镜囊肿剥除术:腹腔镜置入后,探查病灶,对囊肿部位进行钝性和锐性分离,然后完整剥离囊肿,使用可吸收缝线缝合创口,手术标本送病理经查。对照组患者行腹腔镜囊肿电凝术:充分观察囊肿,通过双极电凝钳对囊肿部位进行灼烧破坏,对子宫及卵巢周围的病灶进行边冲洗边处理,对出血部位进行电凝钳夹,防止过度损伤卵巢组织,将取出的囊肿组织送病理检查,术后采用生理盐水对盆腹腔进行灌洗清洁。

**1.3 观察指标** (1) 记录 2 组患者的手术时间、术中出血量。(2) 术后患者疼痛情况:采用视觉模拟评分法 (visual analogue scales, VAS) 评估 2 组患者术后 1 个月的疼痛疼痛情况,评分越高,疼痛越严重。(3) 血清卵泡刺激素 (follicle-stimulating hormone, FSH)、黄体生成素 (luteinizing hormone, LH)、雌二醇 (estradiol,  $E_2$ ) 及黄体酮 (progesterone, P) 水平:分别于术前及术后 1、6 个月,在月经周期的第 2 ~ 3 天采集患者晨起空腹肘静脉血 5 mL,

3 000 r · min<sup>-1</sup>离心 10 min,取上清液, -30 ℃ 保存待测。使用美国 Beckman 公司生产的 ACOULTER Access2 型全自动化学发光免疫分析仪检测 2 组患者血清 FSH、LH、E<sub>2</sub> 及 P 水平。(4) 卵巢基质动脉血流收缩期峰值(peak systolic velocity, PSV) 及卵巢窦卵泡数目(antral follicle counting, AFC): 分别于术前及术后 1、6 个月,采用荷兰飞利浦公司生产的 HD15000 彩色多普勒超声诊断仪检查 2 组患者卵巢基质动脉 PSV 和卵巢 AFC;(5) 观察 2 组患者术后 6 个月内囊肿复发情况:以患者术后出现盆腔疼痛、痛经及性交痛等症状,且超声检查显示卵巢部位再次出现囊肿血流信号为囊肿复发。

**1.4 统计学处理** 应用 SPSS 18.0 软件进行数据统计分析。计量资料以均数 ± 标准差( $\bar{x} \pm s$ )表示,两两比较采用 *t* 检验;计数资料以百分率表示,组间比较采用  $\chi^2$  检验;*P* < 0.05 为差异有统计学意义。

2 结果

**2.1 2 组患者手术时间、术中出血量及术后 VAS 评分比较** 结果见表 1。2 组患者的手术时间、术中出血量、术后 VAS 评分比较差异均无统计学意义(*P* > 0.05)。

表 1 2 组患者手术时间、术中出血量及术后 VAS 评分比较  
Tab.1 Comparison of the operation time, intraoperative bleeding volume and VAS score between the two groups ( $\bar{x} \pm s$ )

| 组别       | <i>n</i> | 手术时间/min     | 术中出血量/mL     | 术后 VAS 评分   |
|----------|----------|--------------|--------------|-------------|
| 对照组      | 60       | 66.38 ± 7.83 | 22.83 ± 4.19 | 3.31 ± 1.64 |
| 观察组      | 65       | 64.56 ± 8.72 | 23.02 ± 4.38 | 3.27 ± 1.52 |
| $\chi^2$ |          | 1.224        | 0.247        | 0.142       |
| <i>P</i> |          | 0.223        | 0.805        | 0.887       |

**2.2 2 组患者卵巢功能比较** 结果见表 2。术前 2 组患者血清 FSH、LH、E<sub>2</sub> 及 P 水平比较差异均无统计学意义(*P* > 0.05)。2 组患者术后 1 个月时血清 FSH、LH 水平显著高于术前,E<sub>2</sub>、P 水平显著低于术前,差异均有统计学意义(*P* < 0.05)。对照组患者术后 6 个月时血清 FSH、LH 水平显著低于术后 1 个月,差异有统计学意义(*P* < 0.05);对照组患者术后 6 个月与术后 1 个月时血清 E<sub>2</sub>、P 水平比较差异无统计学意义(*P* > 0.05)。观察组患者术后 6 个月时血清 FSH、LH 水平显著低于术后 1 个月,E<sub>2</sub> 水平显著高于术后 1 个月,差异均有统计学意义(*P* < 0.05);观察组患者术后 6 个月与术后 1 个月时血清 P 水平比较差异无统计学意义(*P* > 0.05)。术后 1、6 个月,观察组患者血清 FSH、LH 水平显著低于对照组,E<sub>2</sub>、P 水平显著高于对照组,差异均有统计学意义(*P* < 0.05)。

表 2 2 组患者卵巢功能比较  
Tab.2 Comparison of ovarian function between the two groups ( $\bar{x} \pm s$ )

| 组别      | <i>n</i> | FSH/(U · L <sup>-1</sup> ) | LH/(U · L <sup>-1</sup> ) | E <sub>2</sub> /(pmol · L <sup>-1</sup> ) | P/(μg · L <sup>-1</sup> ) |
|---------|----------|----------------------------|---------------------------|---|---------------------------|
| 对照组     | 60       |                            |                           |   |                           |
| 术前      |          | 4.91 ± 2.56                | 7.68 ± 2.63               | 164.63 ± 20.81                            | 0.53 ± 0.14               |
| 术后 1 个月 |          | 9.78 ± 2.63 <sup>a</sup>   | 9.21 ± 0.73 <sup>a</sup>  | 147.82 ± 15.72 <sup>a</sup>               | 0.40 ± 0.15 <sup>a</sup>  |
| 术后 6 个月 |          | 8.26 ± 3.03 <sup>b</sup>   | 8.62 ± 0.68 <sup>b</sup>  | 143.24 ± 14.09 <sup>a</sup>               | 0.41 ± 0.16 <sup>a</sup>  |
| 观察组     | 65       |                            |                           |   |                           |
| 术前      |          | 4.87 ± 2.17                | 7.82 ± 2.63               | 163.13 ± 17.82                            | 0.54 ± 0.12               |
| 术后 1 个月 |          | 6.82 ± 2.73 <sup>ac</sup>  | 8.91 ± 0.83 <sup>ac</sup> | 153.72 ± 15.72 <sup>ac</sup>              | 0.45 ± 0.13 <sup>ac</sup> |
| 术后 6 个月 |          | 5.48 ± 2.81 <sup>bc</sup>  | 7.48 ± 0.72 <sup>bc</sup> | 174.63 ± 10.82 <sup>bc</sup>              | 0.47 ± 0.16 <sup>c</sup>  |

注:与术前比较<sup>a</sup>*P* < 0.05;与术后 1 个月比较<sup>b</sup>*P* < 0.05;与对照组比较<sup>c</sup>*P* < 0.05。

**2.3 2 组患者卵巢基质动脉 PSV 及 AFC 比较** 结果见表 3。术前 2 组患者 PSV、AFC 比较差异均无统计学意义(*P* > 0.05);2 组患者术后 1 个月时卵巢基质动脉 PSV、AFC 显著低于术前,差异有统计学意义(*P* < 0.05);2 组患者术后 6 个月时卵巢基质动脉 PSV、AFC 显著高于术后 1 个月,差异有统计学意义(*P* < 0.05);术后 6 个月,观察组患者卵巢基质动脉 PSV、AFC 显著高于对照组,差异有统计学意义(*P* < 0.05)。

表 3 2 组患者卵巢基质动脉 PSV 及 AFC 比较  
Tab.3 Comparison of the PSV of ovarian stromal artery and AFC between the two groups ( $\bar{x} \pm s$ )

| 组别      | <i>n</i> | PSV/(cm · s <sup>-1</sup> ) | AFC/个                     |
|---------|----------|-----------------------------|---------------------------|
| 对照组     | 60       |                             |                           |
| 术前      |          | 12.47 ± 2.81                | 8.74 ± 2.38               |
| 术后 1 个月 |          | 7.68 ± 2.11 <sup>a</sup>    | 6.46 ± 2.29 <sup>a</sup>  |
| 术后 6 个月 |          | 8.68 ± 2.03 <sup>b</sup>    | 6.82 ± 2.30 <sup>b</sup>  |
| 观察组     | 65       |                             |                           |
| 术前      |          | 12.61 ± 2.63                | 8.79 ± 2.41               |
| 术后 1 个月 |          | 9.82 ± 1.82 <sup>a</sup>    | 7.83 ± 2.17 <sup>a</sup>  |
| 术后 6 个月 |          | 10.78 ± 2.57 <sup>bc</sup>  | 8.37 ± 2.36 <sup>bc</sup> |

注:与术前比较<sup>a</sup>*P* < 0.05;与术后 1 个月比较<sup>b</sup>*P* < 0.05;与对照组比较<sup>c</sup>*P* < 0.05。

**2.4 2 组患者术后囊肿复发率比较** 术后 6 个月内,观察组和对照组患者囊肿复发率分别为 6.15% (4/65) 和 18.33% (11/60),观察组患者囊肿复发率低于对照组,差异有统计学意义( $\chi^2 = 4.383$ , *P* < 0.05)。

3 讨论

卵巢子宫内膜异位囊肿患者通常表现为慢性盆腔痛、盆腔包块、痛经、性交痛等,常规的药物治疗效果不理想,且复发率较高<sup>[5]</sup>。近年来,随着腹腔镜技术的不断发展与进步,腹腔镜手术已经逐渐应用于卵巢子宫内膜异位囊肿的治疗<sup>[6-7]</sup>。腹腔镜技术具有创伤小、清除彻底、术后康复快等优点,目前,常

用的手术方式包括囊肿剥除术和囊肿排液后凝固术<sup>[8]</sup>。临床研究发现,卵巢囊肿剥除术会切除少量的正常卵巢组织,而排除囊内液体后电凝术会导致卵巢部分皮质受损,因此,2种术式对卵巢功能均有一定的损伤<sup>[9-10]</sup>。研究发现,腹腔镜下囊肿剥除术一方面能够改善盆腔的局部微环境,减少手术对卵巢的创伤,另一方面通过对剥离术后创面的缝合处理,减少卵巢功能损伤,因此,患者术后卵巢功能优于囊肿凝固术<sup>[11]</sup>。

FSH、LH、E<sub>2</sub>及P水平是用于衡量卵巢功能的常用指标,患者卵巢功能受损时会出现FSH、LH水平升高,E<sub>2</sub>及P水平下降<sup>[12]</sup>。本研究结果显示,2组患者术后1个月时血清FSH、LH水平显著高于术前,E<sub>2</sub>、P水平显著低于术前;对照组患者术后6个月时血清FSH、LH水平显著低于术后1个月,但对对照组患者术后6个月与术后1个月时血清E<sub>2</sub>、P水平比较差异无统计学意义;观察组患者术后6个月时血清FSH、LH水平显著低于术后1个月,E<sub>2</sub>水平显著高于术后1个月;术后1、6个月,观察组患者血清FSH、LH水平显著低于对照组,E<sub>2</sub>、P水平显著高于对照组。该结果表明,腹腔镜囊肿剥除术和腹腔镜囊肿电凝术均会对患者卵巢功能造成一定的损伤,但腹腔镜囊肿剥除术对卵巢功能的损伤较小,效果优于腹腔镜囊肿电凝术。

AFC和卵巢基质动脉PSV也是评估卵巢功能的重要指标,卵巢功能受损时会出现PSV及AFC降低<sup>[13-14]</sup>。本研究结果显示,2组患者术后1个月时卵巢基质动脉PSV、AFC显著低于术前,2组患者术后6个月时卵巢基质动脉PSV、AFC显著高于术后1个月;术后6个月,观察组患者卵巢基质动脉PSV、AFC显著高于对照组。该结果表明,腹腔镜囊肿剥除术对卵巢功能的保护作用优于腹腔镜囊肿电凝术。另外,本研究结果显示,术后6个月内,观察组和对照组患者囊肿复发率分别为6.15%(4/65)和18.33%(11/60),观察组患者囊肿复发率低于对照组;表明腹腔镜囊肿剥除术可以显著降低卵巢子宫内膜异位囊肿的复发率。

综上所述,腹腔镜囊肿剥除术和腹腔镜囊肿电凝术均会对患者卵巢功能造成一定的损害,但是腹腔镜卵巢囊肿剥除术对卵巢功能的保护作用优于腹腔镜囊肿电凝术,且术后复发率较低。

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