

**Comparison of a new modified laparoscopic presacral neurectomy  
and conventional laparoscopic presacral neurectomy in the treatment  
of midline dysmenorrhea**

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Dysmenorrhea, painful menstrual cramps of uterine origin, is one of the most common gynecologic complaints, with prevalence rates ranging between 43% and 90%. Common medical therapies, which include pills (OCP), nonsteroidal anti-inflammatory drugs (NSAIDs), and gonadotropin-releasing hormone, have been the preferred method treating patients with dysmenorrhea. While these treatments can be effective in some patients, there is still a 20 to 25% failure rate, in which case surgery becomes a treatment option. Laparoscopic uterine nerve ablation (LUNA) and laparoscopic presacral neurectomy (LPSN) are two surgical interventions that have been widely used to relieve intractable dysmenorrhea since the 1990s, due to advances and advantages in laparoscopic procedures, such as small wounds, shorter periods of hospitalization, and better exposures of the operative field. Presacral neurectomy was first introduced in 1899 by Jaboulay who sectioned the superior hypogastric plexus via Laparotomy. The procedure of presacral neurectomy involves the total transaction of the presacral nerves lying within the boundaries of the inter-iliac triangle. However, the anatomy of the nerve at the area below the bifurcation of the aorta is variable in different individuals and, consequently, the effectiveness and complications rate of LPSN varied in different studies. Here, we report modified laparoscopic presacral neurectomy which was performed on patients with midline dysmenorrhea and the nerve superior to the aortic bifurcation was resected to reduce the failure rate and complications caused by the anatomic variability among individuals.