

The Use of Indocyanine Green-Based Fluorescence Imaging for Intraoperative Detection of Peritoneal Endometriosis

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Objective: Using near-infrared fluorescence (NIRF) with a Karl Storz® NIR fluorescence laparoscope to provide a real-time intra-operative enhanced visualization of endometriosis during diagnostic laparoscopy. Thus improving identification of...

Ethical review	Approved WMO
Status	Recruitment stopped
Health condition type	Obstetric and gynaecological therapeutic procedures
Study type	Observational invasive

Summary

ID

NL-OMON47083

Source

ToetsingOnline

Brief title

Fluorescence Imaging for Intraoperative Detection of Endometriosis

Condition

- Obstetric and gynaecological therapeutic procedures

Synonym

endometriosis

Research involving

Human

Sponsors and support

Primary sponsor: Medisch Universitair Ziekenhuis Maastricht

Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: endometriosis, fluorescence imaging, Indocyanine green

Outcome measures

Primary outcome

Main study parameters/endpoints: Investigate the feasibility of identification of endometriotic lesions with (conventional non-robotic) fluorescence laparoscopy equipment with preoperative or peroperative ICG administration. Assessment will be performed using an intraoperative registration form (see attachment), postoperative video-analysis (with determination of the target-to-background ratio) and with histological confirmation. Biopsies will be taken from suspicious endometriotic areas seen with both the conventional white light mode and NIRF-mode, areas that appear only with white light mode or NIRF-mode and areas without any visible or fluorescent areas. Histologic examination is carried out on the biopsies to confirm the diagnosis.

Secondary outcome

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Study description

Background summary

Rationale:

Endometriosis, defined as the presence of endometrial tissue outside the uterine cavity, is a common disease affecting 10-15% of women of reproductive age and up to 90% of women with pelvic pain. The gold standard for diagnosis of endometriosis is the combination of laparoscopy with histological confirmation. However, during laparoscopy using conventional white light imaging, endometriotic lesions can appear red and vascular, white and scarred, black, brown, yellow, or almost any colour, thus making it difficult to identify .

Our hypothesis is that the use of indocyanine green-based (ICG) fluorescence imaging during laparoscopy will provide a real-time intraoperative image enhancement for detection of endometriotic lesions by using the hypervascular characteristic of this disease.

Study objective

Objective: Using near-infrared fluorescence (NIRF) with a Karl Storz® NIR fluorescence laparoscope to provide a real-time intra-operative enhanced visualization of endometriosis during diagnostic laparoscopy. Thus improving identification of endometriosis for complete resection of the affected areas and increasing efficiency of the procedure.

Study design

Study design: A prospective observational pilot study.

Study burden and risks

Nature and extent of the burden and risks associated with participation, benefit and group relatedness: Patients will receive intraoperative injections of ICG in addition to the standard care. Moreover, biopsies will be taken to be sent for histological confirmation of endometriosis and normal tissue. The biopsies taken from sites that are visible with conventional white light are a part of the standard procedure. However, additional biopsies may be taken at sites that appear only after injection of the dye. Furthermore, a biopsy will be taken from the sites not showing any suspicious lesions in both modes as a negative control sample. These will be the additional (minimally) invasive actions for the patient. The last 5 patients to be included, will receive the administration of ICG prior to surgery, simultaneously with the induction of anesthesia.

Initially, patients participating in this study will not benefit from the application of NIRF during the surgical procedure. The laparoscopic fluorescence imaging system itself is not related to any kind of additional risk for the patient.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years)

Elderly (65 years and older)

Inclusion criteria

In order to be eligible to participate in this study, a patient must meet all of the following criteria:

Patients scheduled for elective laparoscopic surgery in which endometriosis is suspected or proven

Able to understand the nature of the study and what will be required of them

Females

Age >18years

Premenopausal

No history of impaired liver and renal function

No history of hypersensitivity or allergy to indocyanine green

Willing to participate

Exclusion criteria

Not able to give written informed consent

Males

Aged < 18 years

Pregnant or breast-feeding women

Known indocyanine green hypersensitivity or allergy

Not willing to participate

Study design

Design

Study type: Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Diagnostic

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 25-01-2017

Enrollment: 15

Type: Actual

Medical products/devices used

Generic name: Near infrared fluorescence laparoscope

Registration: Yes - CE intended use

Ethics review

Approved WMO

Date: 14-12-2016

Application type: First submission

Review commission: METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

Approved WMO

Date: 11-04-2018

Application type: Amendment

Review commission: METC academisch ziekenhuis Maastricht/Universiteit Maastricht, METC azM/UM (Maastricht)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL54458.068.15