First of all, we are grateful for the correction of the mistake in the study profile. In our study, the participants were divided into four groups [A, 10 mmHg (n=35), B, 11–12 mmHg (n=31), C, 13–14 mmHg (n=28), and D, 15–16 mmHg (n=24), respectively], and the procedure was described in the Methods part.

The discussion focused on whether the pneumoperitoneum pressure was a major factor affecting ovarian function. CO\textsubscript{2} pneumoperitoneum was found to be associated with side effects, such as hypercapnia, instability of the hemodynamics, decrease in renal functions and peritoneal oxidative stress (1,2). The effect of pneumoperitoneum pressure on ovarian hemodynamics, ovarian function and stress has been discussed in animal and clinical studies (3-6). Mastroyannis established the animal model and found that the duration of carbon dioxide pneumoperitoneum was negatively correlated with success of embryonic development (3). de Souza investigated that carbon dioxide pneumoperitoneum induced peritoneal oxidative stress, and he also found intra-abdominal pressure influenced the frequency and severity of adhesion formation by observing 41 rabbits underwent laparoscopic surgery (4).

Our results showed the longest surgical time in Group D. We speculated that higher pressure may reduce ovarian blood supply during laparoscopic surgery. The results also showed the highest incidence of pelvic adhesion in Group D, it did not explore the relationship of inflammatory reactions caused by surgery with ovarian hormones in this study. Based on the reported study (4,7). We still believe that pneumoperitoneum pressure and other factors such as inflammatory factors, especially in patients with severe adhesions should be taken into consideration.

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**Footnote**

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