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Title

Evaluation of the therapeutic effects of different low doses of mifepristone on adenomyosis women with dysmenorrhea

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[Abstract]

Introduction

Recently, mifepristone (known as RU-486), an anti-progesterone drug, has been shown to be effective in the treatment of adenomyosis, resulting in the reduction of uterine size and pain relief. However, the durations and dosages of RU-486 in the treatment of adenomyosis are still debated. Because of the need for the long-term treatment of adenomyosis, low-dose RU-486 should be the priority option.

Objective

To investigate the therapeutic effects of different low doses of RU-486 on adenomyosis women with dysmenorrhea so as to obtain an appropriate dose of RU486 for the treatment of adenomyosis.

Methods

A total of 68 adenomyosis patients with dysmenorrhea were treated with 25mg RU486 weekly (group I: 25mg/ w, n = 33), 5mg RU486 daily (group II: 5mg/ d, n = 24) and 2. 5mg RU486 daily (group III: 2. 5mg/ d, n =11), respectively. Before and after treatment, the uterine size, serum CA125 levels, VAS score, menstrual amounts, endometrial thickness, and NGF and COX-2 expressions as well as hemoglobin levels were analyzed comparatively.

Results

Three and six months after treatment, the VAS scores and menstrual amounts in group I, II and III were all significantly lower than those before treatment ($P < 0.05$), while the hemoglobin levels were all significantly higher than those before treatment ($P < 0.05$). In group I, serum CA125 levels after treatment for 3 and 6 months were all lower than those before treatment ($P < 0.05$), but no significant differences of uterine volume and endometrial thickness between 3 and 6 months after treatment were found ($P > 0.05$). In group II, serum CA125 levels and uterine volume after treatment for 3 months were both significantly lower than those before treatment ($P < 0.05$), and endometrial thickness after treatment for 6 months were significantly higher than those before treatment ($P < 0.05$). However, serum CA125 levels or uterine volume after treatment for 6 months did not reach significant difference when compared with those before treatment ($P > 0.05$). In group III, serum CA125 levels and endometrial thickness after treatment for 6 months were both significantly higher than those before treatment ($P < 0.05$), but no significant difference of uterine volume between before and after treatment was found ($P > 0.05$). Additionally, the expression levels of NGF and COX-2 in endometrial tissues were both significantly decreased after treatment with RU4486 as compared with those before ($P < 0.01$).

Conclusions

These results suggest that different low doses of RU486 can be used to treat adenomyosis patients with dysmenorrhea effectively by inhibiting endometrial NGF and COX-2 expressions, but 25mg RU486 weekly might be the priority choice for the short-term treatment of adenomyosis with dysmenorrhea because it is convenience, has long time interval and does not increase endometrial thickness.

Keywords : [key words] Adenomyosis, Mifepristone, Medical treatment, Dysmenorrhea, Serum CA125

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