

What is the best medication to prevent post-operative recurrence of endometrioma in the long term?

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[Objective]

In Japan, it is unsuitable as medication for endometriosis, which requires long-term administration. It took about 20 years to develop medication suitable for long-term administration, when Dienogest entered the market in January 2008. The 21/7 regimen COC became covered by insurance in July 2008, and the 24/4 regimen COC did so in November 2010, gradually facilitating medication without dose-period restriction for Japanese people.

[Methods]

With the consent of the ethics committee of the hospital and adequate informed consent from the patients, the post-operative recurrence rate of ovarian endometrioma during the 5 years after the operation was analyzed in 550 patients in whom the course was followed up without medication or who received post-operative medication for more than 3 years after the operation from 2008 to 2014. The definition of recurrence is endometrioma observed by transvaginal ultrasound and pelvic MRI larger than 2 cm. The control group was the post-operative no-medication group consisting of 293 patients, and there were 89, 51, and 117 patients in the 21/7 regimen COC group, 24/4 regimen group, and Dienogest group, respectively.

[Results]

The cumulative recurrence rate at the 5th operative year in the post-operative no-medication group was more than 50%. However, it was significantly reduced to 30% in the 21/7 regimen COC group. Furthermore, it was significantly reduced to 5-8% in the 24/4 regimen COC and Dienogest groups compared with the 21/7 regimen COC group. There were no significant differences between 24/4 regimen COC and Dienogest groups.

[Conclusion]

Dienogest, which is suitable for long-term administration, and a 24-day regimen of drospirenone, which has a long half-life (30 hours), are considered very effective for reducing post-operative recurrence

Keywords : post-operative recurrence, endometrioma, laparoscopy, medication

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