

CLINICAL OUTCOMES OF USING ULIPRISTAL ACETATE IN PATIENTS WITH SYMPTOMATIC UTERINE FIBROIDS WITH OR WITHOUT CONCOMITANT ADENOMYOSIS: PRELIMINARY STUDY

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INTRODUCTION: Ulipristal acetate (UPA) is a selective progesterone receptor modulator (PRM) has been shown to efficiently decrease bleeding and myoma size and improve patient quality of life. Adenomyosis and fibroids commonly coexist and share symptoms that could be aggravated as heavy menstrual bleeding, pelvic pain and problems of fertility. OBJECTIVE: to describe the results in bleeding control and quality of life in patients with synchronous myomas and adenomyosis treated with Ulipristal Acetate compared with the current treatment indication for fibroids.

MATERIAL AND METHODS: a prospective preliminary observational study of a cohort of 160 patients with symptomatic fibroids with (n=40) and without (n=120) concomitant adenomyosis after a first course of ulipristal treatment 5mg/daily for 12 weeks in a tertiary referral center (Hospital Clinic, Barcelona). Abnormal uterine bleeding (AUB) due to the presence of fibroids was the main treatment indication. Clinical symptoms were updated before and after treatment (bleeding, pelvic pain and/or compression). A health-related quality of life questionnaire (UFQ-QoL) with emphasis on symptoms severity and a 3-D transvaginal ultrasound exploration to compute uterine and mioma volume were carried out by the time and after Ulipristal acetate treatment. The presence of coexisting adenomyosis was diagnosed in the 3-D TVUS prior treatment. Finally a subjective self-rated assessment of symptoms was also addressed after treatment.

RESULTS: demographic baseline characteristics (age, BMI, parity and race) were similar between groups without differences: mean age 43.6 (± 5.9) for fibroids and 44.05 ± 5.24 in adenomyosis + fibroids group. The most common myoma treated was intramural (type 2-5 FIGO classification system). Abnormal uterine bleeding was the main symptom, and 80% of patients achieved amenorrhea during the whole treatment (slightly better in adenomyosis group without significance (p 0.165)).

TVUS findings revealed a decreased uterine and myoma volume after the first course with a better but not significant response in fibroids group (p 0.865, and p 0.350 respectively regarding differences in uterine volume and myoma volume).

Symptoms severity in UFQ-QoL questionnaires improved in both groups

(-35.08 \pm 24.19 in fibroids and -37.93 \pm 24.31 in adenomyosis group) p= 0.782.

Although there were no differences statistically significant the subjective global impression after treatment was better in fibroids+adenomyosis group (80%) while in fibroids group were 67% of patients better and 32% equal.

CONCLUSIONS: There are no data regarding specific clinical outcomes related to the use of UPA in adenomyosis, In patients with fibroids related symptoms, Ulipristal provided an optimal control and its current use is accepted for a long-term intermittent treatment.

Our results suggested that Ulipristal acetate seems to be a good treatment option in fibroids complicated by adenomyosis. Due to decreasing bleeding and even reaching amenorrhea, it is reasonable that Ulipristal acetate could be an alternative medical treatment for patients suffering from adenomyosis alone. Further studies are required to confirm this finding in the field of adenomyosis.

Keywords : Fibroids; adenomyosis; Ulipristal Acetate; Abnormal Uterine Bleeding

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