

Acetate UPA in infertile women's management with endometriosis and adenomyosis

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Study question:

Does ulipristal acetate (UPA) have efficacy in infertile women with endometriosis and adenomyosis ?

Summary answer:

UPA is usefull and pregnancies has been obtained despite the poor prognosis of endometriosis-adenomyosis association.

What is known already:

Leiomyomas are the most common uterine tumors and occur in 20-40% of women in their reproductive years. The relationship between uterine fibroids and infertility depend of several factors (number, localization, anatomic distorsion, endometrial impairment).

Endometriosis is an oestrogen-dependent disease responsible of pain, infertility and ovarian reserve damage. In few cases endometriosis, adenomyosis also exists which association affect the prognosis of chealdbearing.

Surgery remain most often indicated and safe but in case of repeated surgery in severe endometriosis, huge myomas, diffuse adenomyosis and fertility preservation required UPA may be an alternative of surgery or can lead to a less invasive surgery.

Study design, size, duration:

Observational, conducted on 30 infertile patients between january 2015 to decembre 2016.

Participants/materials, setting, methods:

Thirty infertile referred in our center with FIGO 2-5 myomas or severe endometriosis associated with adenomyosis received one or several course of UPA before conceiving or ART. IVF, if needed, has been performed three months after last course. 22 patients had primary infertility and seven patients secondary infertility. The main outcome measure was pregnancy rate and miscarriage.

Main results and the role of chance:

Mean age was 35.41 years (29-40). Diffuse adenomyosis was present in 22 patients with endometriosis and focal adenomyosis for 8. All endometriosis were AFSr stage III or IV. 5 patients presented huge myomas with abnormal uterine bleeding. All myomas have been removed with endoscopic surgery after UPA treatment (1-4 courses). 16 pregnancies have been obtained in 30 patients (53.3%) with 7 miscarriages (43.75%). 8 were spontaneous pregnancies obtained 2 to 15 months after last UPA course. Among spontaneous pregnancies, two patients have experienced a miscarriage, one pregnancy has been terminated because of Down' syndrome, two healthy children are born, 3 pregnancies are still ongoing. 8 pregnancies have been obtained after 11 IVF started 3 month after the last UPA course. Among IVF pregnancies, one healthy child is born, two pregnancies are still ongoing and 5 patients experienced miscarriage. All patients presented diffuse adenomyosis. Fertility preservation with oocytes vitrification has been. No (PRM)-associated endometrial changes (PAECs) were present.

Limitations, reasons for caution:

Despite remarkable pregnancy rate in this poor prognosis population, miscarriages unfortunately remain very frequent occurrences more probably related to environment and medical specificities than treatment itself.

Wider implications of the findings:

To our knowledge this study is the first study wich evaluate fertility and IVF outcome after UPA treatment in patient with myomas or severe endomatrisosis associated with adenomyosis. In these indications, SPRMs should be considered an alternative to surgical therapy and can be used before IVF treatment.

Keywords : Endometriosis Ulipristal acetate Infertility IVF Adenomyosis

Authors :

References : , , ,

Authors

Jean Philippe Estrade 1, Geraldine Porcu 2,

1. Gynecomarseille, Marseille, FRANCE

2. IMR, Marseille, FRANCE

Authors (raw format)

Estrade Jean Philippe - email : jeanphilippestrade@me.com Institution : Gynecomarseille Department : City : Marseille
Country : FRANCE Speaker : Yes
Porcu Geraldine - email : Institution : IMR Department : City : Marseille Country : FRANCE Speaker : No

