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Introduction: Adenomyosis is a common benign gynecological disorder characterized by presence of endometrial glands and stroma within myometrium. The treatment of adenomyosis depends on the woman’s age, reproductive status, symptoms and/or associated benign gynecological conditions such as endometriosis. The aim of this study is to evaluate the clinical efficacy of long-term danazol treatment delivered vaginally in women with deep infiltrating endometriosis (DIE) and adenomyosis.

Methods and Methods: A non-randomized observational retrospective study including a group of nulliparous women (n=66, aged 25-40 years) with previous histological diagnosis of DIE associated with adenomyosis, and recurrence of related pain symptoms was conducted. A low-dose of danazol (200 mg) was daily administered by vaginal route for 6 months, followed by 2 different schedules: group A) continuous treatment for further 12 months (n=30); group B) cyclic 3 months treatment with 3 months interval for 12 months (n=36). Before and every 6 months during the 18 months observation time a visual analog scale (VAS) for dysmenorrhea, dyspareunia, dysuria and dyschezia, and a pictorial blood loss assessment (PBAC) for vaginal bleeding/abnormal uterine bleeding (AUB) were evaluated. During every clinical examination a transvaginal ultrasound assessment of adenomyosis signs was performed.

Results: All pain symptoms and vaginal bleeding were significantly reduced after 3 months of treatment. The beneficial effect of this medical treatment, independently of danazol schedule used, persisted according to clinical and ultrasonographic assessment after 18 months. No differences were observed between group A and group B in terms of VAS, PBAC score, uterine volume and adenomyosis ultrasound signs changes at 3, 6 and 18 months assessments.

Conclusions: The continuous 6 months vaginal danazol treatment followed by a cyclic 3 months treatment for further 12 months or continuous vaginal treatment for 18 months may be considered both valid protocols treatment to keep under control pain and AUB in patients with DIE and adenomyosis.

Mots clefs : vaginal danazol, deep infiltrating endometriosis, adenomyosis, pelvic pain, dysmenorrhea, dyspareunia, abnormal uterine bleeding

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