

The success rate of GnRH agonist for small recurrent endometrioma

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Objective: The endometrioma is usually treated surgically. However, almost patients do not want re-operation and the decrease of ovarian function is also afraid when endometrioma is recurred. Therefore 3-6 months GnRH agonist therapy was performed before final decision of re-operation.

Design: The 63 patients with recurred endometrioma received 3-6 GnRH agonist therapy. If endometrioma is disappeared, operation was canceled.

Setting: Prospective study in university hospital.

Patients: We divided two groups; group A (42 patients) is cyst size 3cm or less, group B (21 patients) is cyst size above 3 cm.

Interventions: We got the result of the effect of 3-6 months GnRH agonist therapy before determination of re-operation in group A and B. The statistical analysis was done by SPSS program.

Measurements & Main Results: Group A : In the 32 of 42 patients, cysts were disappeared after GnRH agonist therapy for 3 months ($p < 0.01$). In the 7 of 42 patients, cysts were not disappeared and decreased in size after GnRH agonist therapy for 3 months. The GnRH agonist therapy for 6 months for these patients, and then cyst was disappeared in the 5 of 7 patients (< 0.05). Group B : In none of 21 patients, cysts were disappeared after GnRH agonist therapy for 3 months. In only 1 of 42 patients, cysts were not disappeared and decreased in size after GnRH agonist therapy for 3 months.

However this one patients had also cyst after the GnRH agonist therapy for 6 months.

Conclusions: Therefore, the 3-6 months GnRH agonist therapy can be performed before re-operation in the patients with recurrent endometrioma with cyst size 3 cm or less.

Keywords : GnRH agonis, endometriomat

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