

Effectiveness of prolonged use of dienogest 2 mg in patients with endometriosis

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Introduction: Endometriosis is a chronic multifactorial disease that affects every tenth woman of reproductive age. Till nowadays, there is no universal strategy of selection and use of hormonal therapy in patients with endometriosis. Endometriosis is characterized by a progressive and recurrent course of the disease, so such patients need long-term therapy.

Objective: To evaluate efficacy and tolerability of long-term use of dienogest 2mg, as well as possibility of realization of reproductive plans and prevention of recurrence of the disease in patients with genital endometriosis (GE).

Methods: The diagnosis of GE in all the patients was stated on the basis of laparoscopy and was confirmed by histological examination. In 69.2% of patients extensive endometriosis was revealed, retrocervical endometriotic infiltration was observed in 26.3% of patients, extragenital endometriosis was diagnosed in 8.7%. In 67% of women it was a recurrence of the disease.

Results: 937 patients with GE received a 6-month course of therapy with dienogest 2 mg, after that, 572 patients continued to receive this kind of treatment. Duration of treatment varied from 10 to 37 months (mean 29,5±8,2 months). During 6-month course of dienogest application, a significant decrease of pain syndrome was observed: severity of dysmenorrhea decreased in 4.4 times, dyspareunia –in 2 times, pelvic pain - in 2.5 times, dysuria – in 3 times, dyschizia – in 3.4 times. During extended regimen of dienogest 2 mg administration further reliable decrease in the severity of pain was observed: dysmenorrhea decreased of 89%, pelvic pain of 85.8%, dyspareunia of 81.6%, dyschizia of 98.9%, dysuria of 99.3%. Within the frames of continuous treatment with dienogest 2 mg, regular menstrual cycle was observed only in 6.8% of patients. With increasing duration of therapy decrease in intensity, frequency and duration of intermenstrual bleeding was observed in 48.1% of patients, menstrual disorders (opsomenorrhea) was observed in 5.4%. The number of patients with amenorrhea increased up to 39.7%. Episodes of "breakthrough bleeding" on the background of prolonged use of dienogest was observed in 0.5% of patients with GE. Prior to therapy with dienogest, 314 patients with GE had infertility, primary - 216 patients, secondary - 98 women. After hormone modulating therapy with dienogest 2 mg, pregnancy occurred in 33.8% of women with infertility: spontaneously - in 41.5% of women, as a result of IVF protocol - in 58.5% of patients. It's important to note that reduced ovarian reserve prior to dienogest administration was observed in 74.1% of women, mean level of AMH in blood serum was 0,56±0,29 ng/ml. Recurrence rate in the group of patients, treated with dienogest, was low compared to other types of hormone therapy, and was 11.9%.

Conclusions: According to the results of the study, therapy with dienogest 2 mg is effective in patients with extensive forms of endometriosis and with recurrence of the disease. This therapeutic approach can be also a method of choice in patients with reduced ovarian reserve who plan pregnancy.

Keywords : Endometriosis, dienogest 2 mg, pain syndrome, pregnancy rate, recurrence rate.

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