

Introduction

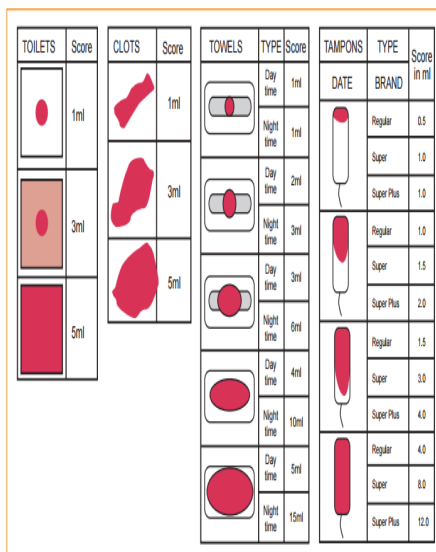
The use of ulipristal acetate (UPA) in controlling heavy menstrual bleeding and fibroid reduction has been established in women with symptomatic fibroids, with UPA being licensed in Europe and included in international guidelines such as National Institute for Health and Care Excellence and Society of Obstetricians and Gynaecologist of Canada. However, data on its efficacy in an Asian population remains limited – here, we present our findings in this prospective cohort study.

Methods

From August 2017, women between 21 and 50 years of age attending the gynaecology service with symptomatic fibroids measuring between 3 to 12cm on pelvic ultrasound in a Singapore tertiary hospital were identified and counseled on all available medical and surgical options. Patients were excluded if they were pregnant, had confounding medical co-morbidities (e.g. coagulopathy), undiagnosed abnormal genital bleeding, or were on hormonal medications. 24 patients opted for UPA and were started on 5mg daily for 3 months. Primary outcomes of the study included changes in hemoglobin levels, fibroid size and menstrual blood loss (estimated via a standardized menstrual pictogram), which were tabulated before and after a single 3 month course.

Results

The average age was 42.3 years old, with majority (90.5%) complaining



TOILETS	Score	CLOTS	Score	TOWELS	TYPE	Score	TAMPONS	TYPE	Score (in ml)
	1ml		1ml		Clay time	1ml		Regular	0.5
	3ml		3ml		Night time	1ml		Super	1.0
	5ml		5ml		Clay time	2ml		Super Plus	1.0
	5ml		5ml		Night time	3ml		Regular	1.0
	5ml		5ml		Clay time	3ml		Super	1.5
	5ml		5ml		Night time	6ml		Super Plus	2.0
	5ml		5ml		Clay time	4ml		Regular	1.5
	5ml		5ml		Night time	10ml		Super	3.0
	5ml		5ml		Clay time	5ml		Super Plus	4.0
	5ml		5ml		Night time	15ml		Regular	4.0
	5ml		5ml		Clay time	5ml		Super	8.0
	5ml		5ml		Night time	15ml		Super Plus	12.0

Figure 1: Menstrual pictogram used to estimate menstrual blood loss

of menorrhagia, and the rest experiencing pressure symptoms secondary to large fibroid size. At the time of writing, 16 patients have completed a single 3 month course, 3 discontinued midway due to side effects (headaches and erratic menstrual bleeding respectively), and 2 were lost to follow up. On average, hemoglobin levels demonstrated improvement by 1.1g/dl (0 to 5.5), corresponding to a 17% volume reduction of the largest fibroid (-60.3 to +23.9) and reduced menstrual blood loss of 93ml (-3 to -455). Of these 16 patients, 9 opted for observation given the sustained improved symptoms, 4 opted for a second 3 month course, and 3 underwent definitive surgical management due to interval increase in fibroid size. No cases of PRM-associated endometrial changes (PAEC) were reported. Follow-up is ongoing.

Conclusion

UPA is currently considered a novel medical treatment of symptomatic fibroids for the Asian population at large. Our preliminary experience with UPA has been encouraging as fibroid volume reduction and decreased menstrual blood loss were shown to be consistent with existing literature – albeit with modest myoma shrinkage compared to the PEARL 1 Study Group results (17% versus 21%) [1]. With a recent paper by Lee MJ et al studying Korean patients reporting median volume reduction of 12.4% [2], this may suggest an ethnic influence behind clinical response to UPA. More large, randomized case-control studies are required for further insight into this possible effect so as to optimize the role of UPA in individualized care.

References

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- [2] Lee MJ, Yun BS, Seong SJ, et al. Uterine fibroid shrinkage after short-term use of selective progesterone receptor modulator or gonadotropin-releasing hormone agonist. *Obstet Gynecol Sci* 2017; 60(1): 69–73.

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