

DOES DESOGESTREL IMPROVE ENDOMETRIOSIS-RELATED PAIN AND ENDOMETRIOTIC LESIONS? RESULTS OF A PILOT STUDY

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Introduction and objective:

Endometriosis is a chronic disease that affects approximately 7-10% of women worldwide in their reproductive age. Although it may be asymptomatic it frequently causes infertility and painful symptoms, thus impairing quality of life. Unfortunately, there is no permanent cure and because it is a chronic disease, it often requires a life-long management plan that includes medical and surgical approaches.

Many medical therapies have been proposed including progestins, specifically progestin-only pill desogestrel, which is a good option for its low cost and low side-effects profile. Nevertheless, few studies have been performed evaluating the efficacy of this hormonal treatment.

The objective of our study was to analyze symptomatic and radiological improvement in women with endometriosis treated with desogestrel 75 micrograms per day, during 12 months in daily clinical practice.

Materials and methods:

This observational longitudinal and self-controlled study included a cohort of patients with endometriosis who were followed up in the Endometriosis Unit of Hospital Clínic during 1 year. Patients were prescribed desogestrel and took it for at least 12 months. We evaluated endometriosis related pain scores using a Numerical Scale Rate (NRS) and ultrasonographic findings before and after 12 months of treatment with desogestrel in the same patients.

Results:

Seventy-eight women were included in the study. Mean age of patients were 38.5+/-5.3 years old. Up to 60.5% of patients had previous endometriosis surgical procedures. A total of 42.1% of patients had adenomyosis, 39.5% ovarian endometriomas and 63.15% had deep infiltrating endometriosis. When compared with baseline values, there was a significant decrease in the intensity of all pain, except in dysuria, evaluated using NRS. There was a significant reduction of the mean size of all endometriotic lesions, including adenomyosis, ovarian endometriomas and deep lesions, after 12 months compared to baseline. There were no major side effects among patients in the follow up. Up to 23% of patients reported spotting during the first year and 68% presented with amenorrhea at one year follow-up.

Comparison of the changes in clinical symptoms during treatment

Pain symptom	Baseline	After 12 months	P-value
Dysmenorrhea (mean NRS score)	3.55 (± 3.69)	0.08 (± 0.49)	0.000 ^b
Pelvic pain (mean NRS score)	2.21 (± 3.07)	0.21(± 0.91)	0.001 ^b
Dyspareunia (mean NRS score)	0.97 (± 2.43)	0.00 (± 0.00)	0.018 ^b

^aValues are given as mean ± SD
^bBy pair t-student

Comparison of changes in ultrasonographic findings during treatment

Ultrasonographic finding	Baseline	After 12 month	P-value
Mean size left-ovarian endometrioma (mm)	25.87(17.72)	5.32(9.78)	0.002 ^b
Mean size right-ovarian endometrioma (mm)	32.67(± 23.49)	8.13 (± 14.5)	0.023 ^b
Mean size of nodules or plaques deep endometriosis (mm)	283.8(± 441.5)	10.74(15.86)	0.001 ^b

Conclusion:

In women with endometriosis, 12 months administration of desogestrel ameliorates pain related to endometriosis and reduces the size of endometriotic lesions.