Clinical experience of long-term use of dienogest after surgery for ovarian endometrioma

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Introduction/Objectives: Endometriosis is a common and recurrent gynecologic disease in reproductive aged women. We investigated the long-term use of dienogest after surgery for ovarian endometrioma.

Materials/Patients and methods: 203 patients who underwent laparoscopic or robotic surgery for ovarian endometrioma at Ewha Womans University Mokdong Hospital were administrated dienogest 2mg/day from July 2013. We evaluated side effects of dienogest and transvaginal or transrectal ultrasonography was conducted every 6 months to detect recurrence of endometrioma (>=2cm). Clinical results were analysed.

Results: The follow-up observation periods were 30.2+/−20.9 months from surgery for ovarian endometrioma. The mean age was 34.1+/−7.2 years old. The mean diameter of pre-operative endometrioma was 5.6+/−3.0 cm2. Before surgery, serum CA 125, CA 19-9 and AMH levels were measured 113.4+/−428.6 u/mL, 44.1+/−116.3 u/mL, and 4.4+/−3.4 ng/mL respectively. 182(89.7%) women received dienogest continuously for 12.0+/−7.1 months and 21(10.3%) patients stopped at 2.4+/−1.0 months. The most common side effect resulting discontinuation was abnormal uterine bleeding. The occurrence rate of vaginal bleeding was 15.8% and not different significantly in patients with/without post-operative GnRH agonist administration. 147 patients (72.4%) were injected GnRH agonists for 3.6+/−2.5 months before dienogest medication. The other side effects were GI trouble, constipation, acne, headache, depression, hot flush, weight gain and edema. However, there is no serious adverse event. Recurrent endometriomas were diagnosed in four patients (2%) and their previous surgeries were laparoscopic ovarian cystectomies for bilateral and multi-septated ovarian endometriomas with deep infiltrating endometriosis.

Discussion/Conclusion: We report the clinical experience of post-operative long-term use of dienogest, which was safe and tolerable prevention to avoid reoperation for recurrence of ovarian endometrioma. Therefore, therapeutic application of dienogest could be extended for a longer time.

Mots clefs : dienogest, endometrioma, recurrence
Auteurs : Kyungah Jeong 1, Taeri Yu 1, Ami Roh 1, Ji Hyun Jeon 1, Sa Ra Lee 1, Hye-Sung Moon 1, Hye Won Chung 1
1. Obstetrics and Gynecology, School of Medicine, Ewha Womans University, Seoul, KOREA, REPUBLIC OF