

2<sup>nd</sup> Global Summit on

# Hormones and Endocrine Disorders

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## Combining hysteroscopy and intrauterine levonorgestrel-releasing system for treatment of atypical hyperplasia and endometrial cancer

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Endometrial cancer is one of the most common gynecologic malignancies, with an increasing number of cases diagnosed in pre-menopausal women, including 4% diagnosed in women less than 40 years of age. While hysterectomy with bilateral salpingo-oophorectomy with assessment of the retroperitoneal lymph nodes is standard initial treatment, younger women with early stage-disease may desire fertility sparing options. We report our experience with organ-preserving treatment applied in 48 patients of reproductive age with atypical hyperplasia or early-stage (1A) endometrial cancer. All of them would like to preserve their reproductive potential. All cases were treated with the combination of resectoscopic endometrial ablation, followed by the intrauterine-insertion of levonorgestrel intrauterine hormonal system containing 52 mg levonorgestrel (Mirena®, Bayer, Germany) for at least 12 months. Hysteroscopic three-monthly follow-up with endometrial biopsy was accomplished in 44 out of 48 patients. At 24 month-follow-up, 41 patients obtained a complete remission. Furthermore, 15 of them became pregnant, 10 of them delivered at term and 1 has an ongoing pregnancy. This type of therapy was effective for almost all cases and may be offered to be used as an alternative to radical surgery in women with atypical endometrial hyperplasia or early stage 1A well-differentiated endometrial cancer in women of reproductive age.

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