

3rd World Congress on

POLYCYSTIC OVARIAN SYNDROME

November 15-17, 2017 | San Antonio, USA

GnRHa and estrogen-progestogen add-back therapy in the treatment of endometriosis-associated pain of Chinese women**Zhang Shaofen, Zhu Jin and Zou Shien**

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Objective: To compare the effects of Gonadotropin releasing hormone analogue(GnRHa) alone and GnRHa combined with low-dose dydrogesterone and estradiol valerate on endometriosis-associated pain and sex hormone, hypoestrogenic symptoms, quality of life and bone mineral density(BMD)in the treatment of patients with endometriosis of Chinese women.

Methods: Seventy women with moderate and severe endometriosis, who had been diagnosed by surgery, were randomly assigned into two groups as GnRHa group and Add-back group and treated with Zoladex (3.6 mg, i.h.) for three months. Patients in group A took estradiol valerate 0.5 mg and dydrogesterone 5 mg every day. Before and after the treatment, assessments were taken, including visual analog scale (VAS), Medical Outcomes Survey Short Form 36 (SF-36, Kupperman Menopausal Index (KMI), Bone Mineral Density (BMD), serum follicle stimulating hormone (FSH, estradiol (E2) and bone gla-protein(BGP).

Results: Sixty-four participants completed the trial, 32 in each group. After the treatment, serum FSH and E2 in both group declined significantly ($P<0.01$); the level of serum E2 in Add-back group (93.99 ± 71.05 pmol/L) was higher than that in GnRHa group (53.88 ± 52.08 pmol/L/ $P<0.01$; and FSH was lower ($P<0.05$) The value of VAS in both group decreased significantly $P<0.05$, remaining till menstruated. The score of KMI significantly increased in GnRHa group, while the degree of hypoestrogenic symptoms especially hot flashes was minor in Add-back group. Patients in Add-back group had a better life quality, especially in bodily pain and vitality. Bone mineral density of the lumbar spine (L1-L4).

Conclusion: GnRHa and estrogen-progestogen add-back therapy in the treatment of endometriosis is a safe and effective regimen.

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