

Polycystic Ovarian Syndrome Conference

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Efficacy of GnRHa plus Yasmin or Mirena in the treatment of polycystic ovarian syndrome with a typical hyperplasia in patients with adenomyosis accompanied with dysmenorrhea

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Objective: To investigate the efficacy of GnRHa plus Yasmin or Mirena in the treatment of polycystic ovarian syndrome (PCOS) with a typical hyperplasia in patients with adenomyosis accompanied with dysmenorrhea.

Methods: The patients of PCOS with severe dysmenorrhea of adenomyosis had severe abnormal uterine bleeding and a typical hyperplasia confirmed by the diagnostic uterine curettage, accompanied by high insulin and high testosterone levels in blood plasma. Through blood transfusion and hormone hemostasis, the patients' condition was stable. After menstruation, we started GnRHa treatment. GnRHa was subcutaneously injected at a dose of 3.6mg each time for 6 times (once every 28 day) to induce pseudo-menopause, followed by oral administration of Yasmin for three cycles. Afterwards, curettage was performed before the next menstruation since the discontinuance of Yasmin, followed by administration of Yasmin or Mirena, each in combination with DMBG (0.85 mg) for 12 cycles. During this 12 cycles-long period, endometrial thickness (two-layer), menstrual amount, uterus volume, dysmenorrhea severity (VAS score), hemoglobin level, serum insulin level, androgen level and body weight were measured at each follow-up regularly.

Results: After the treatment, a conversion from atypical hyperplasia into simple hyperplasia or proliferative endometrium was observed with marked decreases in endometrial thickness (22 mm vs. 4 mm), uterus volume (251.04 cm³ vs. 180 cm³) and menstrual amount and the menstrual cycle became regular, along with alleviated dysmenorrhea (7' vs. 3'). Meanwhile, hemoglobin level was increased (4-6 g/l vs. 13.2 g/l) and serum insulin and androgen levels were reduced; patient body weight also dropped, which declined from 102 kg to 87 kg in one case.

Conclusions: GnRHa treatment with either Yasmin or Mirena can effectively alleviate endometrial hyperplasia, relieve dysmenorrhea, diminish adenomyotic lesions and reduce serum insulin and androgen levels in PCOS patients with a typical endometrial hyperplasia and adenomyosis accompanied with dysmenorrhea.

Biography

Zhang Shaofen is a Professor, Chief Physician and Doctoral Supervisor of Gynecology & Obstetrics Hospital of Fudan University. She is a Member of Shanghai Reproductive and Endocrine Center's expert group and Vice Leader of menopause group of Chinese Medical Association and a Member of Time and Biology Committee attached to Chinese Association of the Integration of Traditional and Western Medicine. She is a Special Reviewer of Chinese Journal of Geriatrics. Her research area mainly focuses on gynecological reproductive and endocrinology, geriatric gynecology. She has gained academic achievements in HRT after menopause, osteoporosis after menopause, dysfunctional uterine bleeding and hormone therapy for endometriosis. She has published over 100 original articles.

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