



ROLE OF DIENOGEST IN ENDOMETRIOSIS: PROSPECTIVE STUDY.

Gynaecology

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ABSTRACT

Endometriosis is a common, recurrent chronic gynaecological disorder in routine clinical practice, affecting 10% of reproductive age women. Medical management has an important role in endometriosis. In the medical management dienogest (progestin of 19-nortestosterone derivative) has shown a promising result. The present study showed that dienogest is very effective in reducing or eliminating the pain of endometriosis.

KEYWORDS

INTRODUCTION

Endometriosis is a common gynaecological problem. It occurs in 10% of reproductive age women and it is associated with pelvic pain in the form of dysmenorrhea, dyspareunia, nonmenstrual pain, subfertility and reduced quality of life (1). The incidence is 40% to 60% in women with dysmenorrhea and 20% to 30% in women with subfertility (2). It is responsible for a good number of gynaecological patients. Endometriosis is an estrogen dependent disease characterized by presence of functional endometrial gland and stroma outside the uterine cavity. Progesterone has been widely used for treatment of endometriosis. Dienogest has shown a promising result. Dienogest is a progestin of 19-nortestosterone derivative with a good oral bioavailability. Progesterone receptor binding affinity is higher for dienogest than for progesterone (2).

MATERIAL AND METHODS:

A prospective study of patients with endometriosis which were treated with dienogest was done. This study was done in a six month period from July 2020 to January 2021 in Jawaharlal Nehru Medical College Hospital, Bhagalpur, Bihar. Forty patients with complaint of pelvic pain and dysmenorrhea were treated with dienogest 2 mg daily.

RESULT:

Forty patients of endometriosis from gynae outdoor were given Dienogest in the dose of 2 mg daily. Thirty-two (80%) patients got satisfactory relief from dysmenorrhea and pelvic pain. Six patients (15%) couldn't take regular treatment and opted for surgical treatment, two patients (5%) didn't turn for follow up. All patients were from age group in 18 years to 35 years. Among them ten patients (31%) were unmarried and in the age group of 18 years to 24 years. Eight patients (25%) were primiparous and in the age group 20 years to 27 years. Six patients (19%) were para 2 in the age group of 25 years to 30 years. Eight (25%) were in age group of 28 years to 32 years. Fifteen patients (47%) were from upper class, thirteen patients (41%) were from middle class and twelve (38%) were lower class.

DISCUSSION

In our case dienogest showed a good response in relieving the pain abdomen, dyspareunia and dysmenorrhea, study by Caruso S et al also showed significant improvement in physical, mental, social, emotional and general health parameter with dienogest 2 mg daily given for up to 24 months (3). Study by Lee SR et al (4) and Park SY et al (5) demonstrated a favorable safety and tolerability profile of dienogest for up to 5 years. It is also a better option than COC. Casper RF showed that dienogest may be a better firstline treatment option with fewer contraindications compared with COC (6). Dienogest has also shown promising result in managing recurrence in post surgical cases. Study by Lee SR et al (4) and Park SY et al (5) supported the use of long term dienogest for prevention of recurrence. Ally Murji et al concluded that endometriosis is a chronic disease and medical treatment should be maximized in comparison to surgical treatment and dienogest 2 mg offers an effective long term management of endometriosis (7).

CONCLUSION:

The study showed that dienogest 2 mg is an effective medical treatment for endometriosis. It has also a promising result in prevention of recurrence. Study by others also favors its use in the management of endometriosis.

REFERENCES:

1. Thomas M.D. Hooghe, (Berek and Novak gynecology), endometriosis, 2013 pp505.
2. Farquhar C. endometriosis BMJ 2007;334:249-53.
3. Caruso S, Iraci M et al JPR 2019;12: 2371-78.
4. Lee SR, Yi KW et al, Reprod.Sci 2018;25(3):341-46.
5. Park SY, Kim SH et al, Clin.Exp Reprod.med.2016;43(4):215-20.
6. Casper RF, Fertil steril.2017;107(3):533-36.
7. Ally Murji, K.Biberglue et al CMRO 2020 VOL 36 NO.5 895-907.