Role of Levonorgestrel Releasing System in AUB

Dr Neha Nene  
MBBS DNB (Obs & Gyn), Department of Obstetrics & Gynaecology, Shrimati Kashibai Navale medical College & General hospital NARHE, PUNE (MS) - 411041.

Dr Jyotsna Potdar  
MD (Obs & Gyn), Department of Obstetrics & Gynaecology, Shrimati Kashibai Navale medical College & General hospital NARHE, PUNE (MS) - 411041.

Dr. Pushpalata Naphade  
MD (Obs & Gyn), Department of Obstetrics & Gynaecology, Shrimati Kashibai Navale medical College & General hospital NARHE, PUNE (MS) - 411041.

OBJECTIVES AND METHOD
Our present study ongoing from 2010 and the inclusion criteria included women from reproductive age group coming to OBGY OPD with complaints of heavy menstrual blood loss and who have used NSAIDS and antifibrinolytics as well as oral progestrone with persistence of symptoms. These women were offered an option of levonorgestrel releasing intrauterine device. At present we have 30 cases in our study.

RESULT
25 out of 30 Women with menorrhagia treated with LNG-IUS were found to have more reduction in the menstrual blood flow than those who used non-steroidal anti-inflammatory drugs or anti-fibrinolytic agents (tranexamic acid) or norethisterone 5mg TDS for 20 days and effect was seen in 3 months.

CONCLUSION
It was observed that LNG-IUS is highly effective in controlling blood loss, well tolerated, higher user satisfaction and better alternative for oral medical as well as surgical therapy.

INTRODUCTION
Abnormal uterine bleeding is a common gynaecological complaint affecting 10 to 30 percent of women of midlife and constitute about one third of all gynaecological visits. It adversely affects the quality of women’s life and can lead to psychological, social and sexual problems, thus necessitating appropriate and adequate management. Out of different treatment modalities available levonorgestrel intruterine system(LNG-IUS) has provided a good treatment option.

OBJECTIVE
To study the effectiveness of LNG-IUS in abnormal uterine bleeding (AUB)

MATERIAL AND METHODS
The present study was conducted in the department of Obstetrics & gynaecology of Shrimati Kashibai Navale Medical College & General Hospital, Narhe, Pune (MS). It was observed that around 200 women come to our Out Patient department (OPD) every year with complaints of heavy menstrual bleeding. Out of these, 75% belong to age- group of 30 to 45 years. These women form the material for the study.

All the women were given oral medication in the form of NSAIDS and antifibrinolytics during menses for 3 months. One third (50) of these women showed symptomatic improvement by 4th month. Remaining two thirds (100) of women required addition of oral progesterone (Norethisterone 5 mg TDS for 20 days). This group of women required around 6-8 months for partial or intermittent symptomatic improvement.

The option of LNG-IUS was offered to these women. With proper counseling regarding cost of the device, LNG-IUS was inserted. In all 30 women were willing for LNG-IUS insertion.

These women were asked to follow-up
a) Every month for 3 months.
b) Every 3 months for 6 months and
c) Yearly thereafter.

RESULTS
There were 25 cases of DUB & 5 cases of fibroids.

After insertion of the device response was observed. The response was as given in the Table 1.

DISCUSSION
LNG-IUS is progestin releasing intrauterine system. It has T
shaped polyethylene frame. It contains 52mg of levonorgestrel. It releases 20microgram of LNG daily. It has a local mode of action. It prevents endometrial proliferation, thickens cervical mucus and inhibits sperm motility. The serum levels of levonorgestrel are 4 times lower than those after oral ingestion. Because of local action, there are no significant changes in blood pressure, lipid profile, coagulation profile, carbohydrate metabolism, liver function and bone mineral density.

Gupta et al(1) in ECLIPSE study have shown that menorrhagia multi attribute scale to have statistically significant tilt in favour of LNG-IUS system.

Similar to our study Endrikat et al (2) had statistically significant reduction menstrual blood loss, as well as increase in Hb & S iron levels.

Stewart et al(3) in a systematic review found 64-82% of women posted for surgery opting out at the end of 6months.

Thus we find that LNG-IUS is a good treatment option in menorrhagia in selected cases & should to offered to women who can afford it. Although when compared with oral progesterone 1month cost is Rs 3000/-, one year-36000/-. So LNG-IUS may seem cheaper in the long run with cost of Rs. 8205/-. 

REFERENCES