
TRANSDERMAL ESTRADIOL IN THE TREATMENT OF HYPERGONADOTROPIC AND NORMOGONADOTROPIC OVARIAN INSUFFICIENCY PATIENTS

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Objective: to investigate influence of the transdermal estrogen – CLIMARA on clinical, hormonal and sonographic features in hypergonadotropic and normogonadotropic ovarian insufficiency patients.

Methods: We observed 9 patients with hypergonadotropic amenorrhea (group I) and 11 normogonadotropic ovarian insufficiency patients (group II) in age between 17-45 years old, mean age was 28,6(2,4 year. Transdermal estrogen was given by common way. Noretisterone-5mg was added at last week. Treatment duration was 6 cycles. Hormonal examination was performed by immunoferment assay before and at 3-rd and 6-th treatment cycles. Ultrasound examination was managed at the same time. Individual acceptability, side effects was evaluated, breast examination before and after treatment was provided. Occurrence and regularity of menstrual reactions was controlled. Statistical analysis was based on Student criteria.

Results: Generally good acceptability without significant side effects was observed. During treatment patients from both groups had regular menstrual reactions. There was slight breast enlargement without adenomathosis. In both groups of patients significant elevation of blood estradiol levels was detected (group I: from 135,6(24,7pmol/l to 323,2(39,3pmol/l; group II: from 178,6(26,4 pmol/l to 404,2(38,1pmol/l; $p < 0,0001$). Changes at plasma prolactin levels had no statistical importance. FSH and LH blood concentrations in group I decreased significantly ($p < 0.001$), in group II- FSH and LH levels had no significant differences. Endometrial thickness increases during therapy in both groups of patients (I group: from 0,07(0,03cm to 0,32(0,02cm; II group: from 0,15(0,03cm to 0,33(0,04cm, $p < 0.001$). Endometrium was proliferative in all patients.

Conclusion: Transdermal estrogen Climara (Shering AG) is well acceptable, induces elevation of plasma estradiol levels along with adequate endometrial reaction and could be used in hormonal replacement therapy at hypergonadotropic and normogonadotropic patients of reproductive age.

SONOGRAPHICAL AND CLINICAL ASPECTS OF HEPANOBILIARY SYSTEM IN PATIENTS WITH ADENOMIOSIS AND ENDOMETRIOID OVARIAN CYSTS

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Objective: The purpose of this study was to evaluate the role of hepatobiliary system in patients with endometrioid ovarian cysts and adenomiosis for developing the treatment strategy for this patient population.

Methods: Eighty nine consecutive premenopausal non-pregnant women had laparotomy between October 1997 and October 1998 because of the presence of a persistent adnexal mass and adenomiosis. They underwent liver and biliary tract sonography, transvaginal ultrasonography. The ultrasonographic impression were compared with the histopathologic diagnosis.

Results: Pathological disorders of liver – hepatitis in 31 (34,8 %) and biliary tract disorders – in 43 (48,3 %) patients with endometrioma and adenomiosis Hepatobiliary activity was assessed on the basis of the determination of blood biochemical parameters, hepatic parenchymatous clearance and phasic polarized light spectrum of bile, each subject underwent transvaginal and transabdominal ultrasonography.

Conclusion: The findings indicate that patients with endometrioid ovarian cysts and adenomiosis should be referred to the group at a high risk of disorders of hepatobiliary system. Endometrioma is one of the most common ovarian diseases in premenopausal women. Transvaginal ultrasonography has a good predictive capacity in the diagnosis of this kind of cyst and adenomiosis. The finding indicate that hepatotropic agents should be added to combined treatment of this category of patients.