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To evaluate the effectiveness of dienogest in controlling bleeding abnormalities in endometriosis

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Abstract

Background & Method: The present study was carried out in outdoor and indoor patients with an aim to “To evaluate the effectiveness of dienogest in controlling bleeding abnormalities in endometriosis” was conducted in the Department of Obstetrics and Gynaecology, Sri Aurobindo Medical College & P.G. Institute, Indore M.P. Women with endometriosis and presence of at least one of the symptoms were included in the study. Study was done according to the regulations of the Institutional Ethics Committee. Detailed history was taken, general and gynaecological examinations were done. According to patient’s symptoms VAS and PLAB Scoring was done Either USG, MRI or if needed Laparoscopy was done.

Result: The distribution of patients based on Symptoms of Endometriosis. An equal percentage of patients i.e. 40% had CPP (Chronic Pelvic Pain)+ Dysmenorrhea and CPP + Dysmenorrhea+ Heavy Menses followed by 10% who were having CPP + Dyspareunia + Dysmenorrhea, 8% had CPP+ infertility while, the lowest percentage 2% had CPP+ infertility+ Heavy Bleeding. The distribution of patients based on their PT Satisfaction Score. The highest percentage of patients i.e. 50% were Very Satisfied followed by 30% who were Satisfied while, the lowest percentage 14% were Not Satisfied.

Conclusion: Endometriosis is a disease that requires a drawn out administration. Dienogest is by all accounts compelling for the treatment of agony and draining irregularities, related with endometriosis. Taking everything into account our information shows that dienogest could further develop wellbeing related personal satisfaction of lady and diminishes in the view of endometriosis related torment and substantial dying. In our examination 30% ladies have Adenomyosis as an accompanying disease and 24 % ladies were has previous history of Adenomyosis.

Keywords: Dienogest, bleeding abnormalities & endometriosis

Introduction

The presence of endometrial glands and tissue outside the uterus is called Endometrium. Endometrioma is known as an endometrioid cyst [1]. Endometrioid cysts, often filled with dark, reddish-brown blood, may range in size from 0.75-8 inches.

Endometriomas arise when an ovarian surface deposit of endometriosis adheres to another structure, usually the broad ligament. The cyst then grows from trapped menstruation by progressively invaginating the whole ovarian cortex (cortical invagination cyst) [2]. From the surgeon’s point of view, this process is most likely, because the majority of Endometriomas adhere to the peritoneum where rupture of the cysts almost always occurs during adhesiolysis.

Metaplasia of mesothelium lining the surface inclusion cyst [3] and colonization of preexisting hemorrhagic corpus luteal cysts is caused by endometritis tissue [4]. Additional theories for the formation of Endometrioma, the possibility of intra-parenchymal endometritis deposits generating an ovarian endometritis cyst [5].

Material & method

The present study was carried out in outdoor and indoor patients with an aim to “To evaluate the effectiveness of dienogest in controlling bleeding abnormalities in endometriosis” was conducted in the Department of Obstetrics and Gynaecology, Sri Aurobindo Medical College & P.G. Institute, Indore M.P. from Sept 2016 to Sep 2018, total 100 patients. Women with endometriosis and presence of at least one of the symptoms were included in the study. Study was done according to the regulations of the Institutional Ethics Committee.

- Detailed history was taken, general and gynaecological examinations were done.
- According to patient’s symptoms VAS and PLAB Scoring was done

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- Either USG, MRI or if needed Laparoscopy was done

Inclusion criteria

- Women in the reproductive age group 18-45 years
- Women with endometriosis and presence of at least one of the symptoms dysmenorrhea, infertility, chronic pelvic pain, dyspareunia
- Woman who give consent.

Exclusion criteria

- Women with congenital or acquired uterine anomaly.
- Women with genital bleeding of unknown etiology.
- Women with other medical disorder like thyroid and bleeding disorder
- Women with liver and heart disease.
- Women who had undergone a therapeutic surgical procedure in past 6 months.
- Women with pregnancy as well as those with a desire immediate pregnancy.

Results

Table 1: Distribution of cases based on history (h/o) of endometriosis

H/O of Endometriosis	No. of Cases	%
No	76	76
Yes	24	24
Total	100	100

The distribution of patients based on History of Endometriosis. The higher percentage of patients i.e. 76% were not having History of Endometriosis while, 24% were having it.

Table 2: Distribution of case based on symptoms of endometriosis

Symptoms	No. of Cases	%
CPP + Dysmenorrhea	40	40
CPP + Dysmenorrhea + Heavy Menses	40	40
CPP + Dyspareunia + Dysmenorrhea	10	10
CPP+ Infertility	8	8
CPP+ Infertility + Heavy Bleeding	2	2
Total	100	100

The distribution of patients based on Symptoms of Endometriosis. An equal percentage of patients i.e. 40% had CPP (Chronic Pelvic pain) + Dysmenorrhea and CPP + Dysmenorrhea + Heavy Menses followed by 10% who were having CPP + Dyspareunia + Dysmenorrhea, 8% had CPP + infertility while, the lowest percentage 2% had CPP+ infertility + Heavy Bleeding.

Table 3: Distribution based on the base of diagnosis laparoscopic findings

Laparoscopic Findings	No. of Cases	%
Superficial Deposit	14	14
Adhesion+ Hydrosalpinx	2	2
Adhesion	12	12
Deep Endometriosis	2	2
Not Done	70	70
Total	100	100

The distribution of patients based on their Laparoscopic Findings. The highest percentage of patients i.e. 14% had Superficial Deposit followed by 12% who were having Adhesion while, an equal percentage 2% had Adhesion+ Hydrosalpinx and deep Endometriosis.

Table 4: Distribution of case Based on PT Satisfaction Score

PT Satisfaction Score	No. of Cases	%
Not satisfied (0-3)	14	14
Satisfied (4 to7)	30	30
Very satisfied (8 -10)	50	50
Total	100	100

The distribution of patients based on their PT Satisfaction Score. The highest percentage of patients i.e. 50% were Very Satisfied followed by 30% who were Satisfied while, the lowest percentage 14% were Not Satisfied.

Discussion

In our examination 24% were having endometriosis. Then again Techatrisak K *et al.* [7] (2019) all patients 864/864 100% patients had history of endometriosis. In the examination Caruso S. *et al.* [8] (2018) most normal manifestation was constant pelvic torment in 100% (n=51) ladies, dysmenorrhea n=50 (78.4%) and Dyspareunia n=38 (74.5%).

In our examination practically same outcomes were found. Most normal manifestation of endometriosis was constant pelvic torment (100%), dysmenorrheal (half) and 42% ladies who gave substantial bleeding [6]. Just 10% ladies had fruitlessness. In equivalent percent of patients(40%) had Chronic pelvic pain(CPP)+dysmenorrhea and CPP + Dysmenorrhea + heavy menses followed by 10% who were having CPP + Dyspareunia + dysmenorrhea. 8% had CPP + infertility while the lower percent 2% had CPP + infertility + heavy menses.

In the investigation Techatrisak K *et al.* [7] (2019) most normal side effect of endometriosis was dysmenorrhea (n=684/865; 79.1%) and constant pelvic agony (n=279/865; 32.3%), Dyspareunia (5.9%). In the examination Techatrisak K *et al.* [7] (2019) N=616(71.2%) ladies were analyzed precisely or laparoscopically and n=247 (28.6%) were analyzed clinically. 0.2% were missing [9]. The determination of endometriosis depends on clinical history, assessment and imaging. In our examination n=15 (30%) of ladies were analyzed laparoscopically and by USG (TAS/TVS) n=35 (70%) were analyzed.

Conclusion

Endometriosis is a disease that requires a drawn out administration. Dienogest is by all accounts compelling for the treatment of agony and draining irregularities, related with endometriosis. Taking everything into account our information shows that dienogest could further develop wellbeing related personal satisfaction of lady and diminishes in the view of endometriosis related torment and substantial dying. In our examination 30% ladies have Adenomyosis as an accompanying disease and 24 % ladies were has previous history of Adenomyosis.

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