



The Long-term Therapeutic Efficacy of Levonorgestrel-releasing Intrauterine Device in Different Histopathological Diagnoses Symptomatic for Menorrhagia



Müge Keskin¹, Didem Cakmak¹, Aslı Yarcı Gürsoy¹, Mine Kiseli¹, Gamze Sinem Çağlar¹.

1. Ufuk University Faculty of Medicine, Obstetrics and Gynecology, Ankara, Turkey

Background

Menorrhagia is a common problem of reproductive age (1). Underlying pathologies causing menorrhagia are usually benign, yet accurate diagnosis is important for choosing the optimal treatment modality (2). There are many treatment options for menorrhagia including hormonal or non-hormonal medical therapies and surgical procedures (3). Levonorgestrel-releasing intrauterine device (LNG-IUD) (Mirena®, Bayer, İstanbul, Turkey) is a reversible hormonal contraceptive method with a proven efficacy in the management of menorrhagia (4). Different histopathological diagnoses may underlie menorrhagia symptom. In this study, the outcomes of LNG-IUD hormonal therapy for menorrhagia were evaluated in different histopathological diagnoses.

Methods

A retrospective data of patients diagnosed with menorrhagia (n=135) who subsequently underwent LNG-IUD insertion at our gynecology and obstetrics department is reviewed. Basic demographic parameters (age, occupation, education level) were reported. At one year of the treatment, patient satisfaction scores were recorded after questioning the patients with a scale of 1 to 10. 10-6 points were recorded as satisfied; whereas scores below 6 were taken as unsatisfactory results. Before insertion of LNG-IUD all cases underwent endometrial biopsy. Histopathological findings of the biopsy specimens were reviewed as well.

Results

Mean (\pm sd) age of the patients was 42.86 \pm 6.9 years. Initial histopathological diagnosis of the cases was as follows: proliferative phase endometrium in 37 (27.4%) patients, secretory phase endometrium in 26 (19.2%) patients, endometrial polyp in 19 (14%) cases, endometrial hyperplasia in 11(8.1%) cases and endometritis in 5 (3.7%) patients. The remaining 37 cases (27.4%) had various different diagnoses such as myoma uteri (other than type 0, 1 and 2) and adenomyosis. LNG-IUD was inserted as hormonal treatment in all cases. Endometrial sampling was repeated after 3 months in patients diagnosed with endometrial hyperplasia as follow-up. The follow-up of cases ranged from one year to 7 years after LNG-IUD insertion.

High patient satisfaction rates were recorded in all women after one year of insertion. All of the patients had improved bleeding patterns with amenorrhea or scanty menstrual periods, except one patient who underwent hysterectomy for ongoing menorrhagia.

Conclusions

In patients with menorrhagia LNG-IUD is an effective treatment modality (5). Other than great improvement in patients' symptoms, tolerability, safety and long-term use of this therapy leads to high satisfaction rates. In addition, the results obtained from this study confirm the data that LNG-IUD has therapeutic efficacy in the treatment of endometrial hyperplasia and it also appears to be beneficial with low recurrence rates in patients with endometrial polyps (2).

Keywords; *Levonorgestrel-releasing intrauterine device, menorrhagia, endometrial polyp*

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Conflict of Interest

I have no potential conflict of interest to disclose