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Life Quality of Sick People Affected by Endometriosis in the Conditions of Medicamental Ovariectomy by Applying a New Method of Add-back Therapy

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During the last decades a gold standard of the treatment of endometriosis is considered to be the application of agonist gonadotrophin-releasing hormones (a-GnRH), but in connection with a great number of side effects, its application is reduced. To solve the problem it's necessary to search new methods of add-back therapy. The aim of the research was to carry out the analysis of life quality of sick women affected by endometriosis in the conditions of medical ovariectomy by applying a new method of add-back therapy. To treat 25 patients affected by peritoneal endometriosis – the third degree (classification AFS of 1985) - a-GnRH, containing 3,6 mg Acetate Gozerelin was applied. The course of treatment included 6 injections of zoladex. After 2-3 injections, because of evidence of Zoladex side effects, the patients were prescribed the combined oral contraceptive containing 0,02 mg Ethinyl Estradiol and 0,15 mg Dezogestrel - a medicine Novynett in a continuous regimen. Earlier Novynett wasn't applied with the similar purpose, but the drugs of replaceable hormonal therapy were applied for add-back therapy. 52 % of patients were prescribed the treatment during first 10 days after the operative intervention. We estimated the efficiency of a-GnRH therapy in case of peritoneal endometriosis on the ground of questioning, gynaecologic examination, echoscopy researches. In 4 weeks after beginning of treatment such symptoms, as dysmenorrhea, "smearing" discharges before menses, hypermenorrhea, hyperpolymenorrhea were cut off. The total absence of a painful syndrome is noted after 20 weeks from the beginning of a-GnRH treatment. During the treatment of a-GnRH all patients suffered various side effects. Such symptoms, as hot flushes, hyperhidrosis, depression, peripheric edemas, insomnia, giddiness, weight- increase, complaints of headache were increasing. In 4-8 weeks from the beginning of treatment appeared the complaints of heart pains, enlargement or diminution of mammary glands, seborrhea, hirsutism, nausea, myalgia, nervousness, and cases of increasing of a systolic BP on the average to 160 mmHg, diastolic - to 100 mmHg. Most patients had the combination of several symptoms (hot flushes and hyperhidrosis etc.). To correct the side effects we used Novynett which was prescribed to 15 patients to be taken continuously after 2 Zoladex-injections. During Novynett intake more than 50 % of patients noted the reduction of such symptoms, as libido decrease, headaches, emotional lability, hot flushes, hyperhidrosis, and insomnia. By the end of the treatment course the patients did not complain to depression, acneea, mialgia, diminution of mammary glands. 10 patients did not receive side back therapy. 8 patients had contraindications for its application, 2 patients refused to applicate it in connection with satisfactory state of health. The patients who didn't take Novynett, complained to headaches, heart pains, hot flushes, hyperhidrosis, emotional lability, liftings of arterial pressure during the whole period of a-GnRH treatment. The side effects of various characters and the degree of the evidence in response of application of Zoladex affected all patients and led to necessity of side back therapy by 88% of patients. The application of microdosed COOK Novynett stopped effectively side effects that suffered sick people affected by peritoneal endometriosis during a-GnRH treatment.