Combined Therapy Slows Endometriosis in Teens

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NEWPORT BEACH, CALIF. — Disease stage stabilized or improved in 81 of 90 adolescents who were treated for endometriosis with combined surgical and medical therapy, according to results of a retrospective study.

The goals of treating endometriosis in adolescents generally are to control pain, prevent disease progression, and preserve fertility. This study is the first to show that a combined surgical/medical approach to treating endometriosis in adolescents retards disease progression, Dr. Joseph O. Doyle said at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

These findings are important because they support a strategy of early intervention and treatment to control pain and prevent progression. Some treatments may impair the fertility of these patients, said Dr. Doyle of Brigham and Women's Hospital, Boston.

The subjects had a mean age of 17 years (range, 12-24 years) and had undergone two laparoscopies separated by a median of 29 months (range, 6-112 months), allowing the researchers to assess disease progression over time.

They underwent the initial laparoscopy for pelvic pain that did not improve adequately after at least 3 months of medical treatment with cyclical hormonal therapy and nonsteroidal anti-inflammatory drugs. Endometriosis was confirmed on laparoscopy, during which the surgeon destroyed any endometrial lesions that were observed and lysed any adhesions.

Patients were then treated medically with continuous combined oral contraceptives (82 patients), continuous progesterone-only therapy (11 patients), or continuous GnRH agonists (70 patients). Some patients tried more than one medical therapy to control pain.

They underwent the second laparoscopy because of persistent pain. "Our ... study did not include anyone who had one laparoscopy, received their medical portion of treatment, and had adequate treatment response," Dr. Doyle said. "We potentially excluded a large proportion of the treatment effect and biased our population toward those with more progressive disease," yet little disease progression was seen with combined therapy.

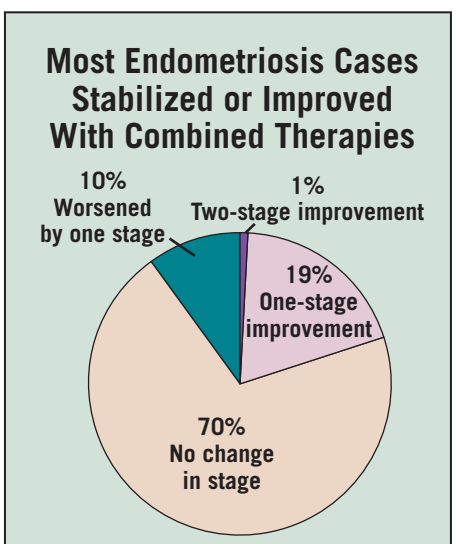
The median stage of endometriosis at both the first and second laparoscopy was stage I, using the revised grading system of the American Society for Reproductive Medicine. Most patients had minimal (stage I) or mild (stage II) disease, and no patient had worse than stage III (moderate) disease.

One patient (1%) showed a two-stage improvement in endometriosis at the second laparoscopy, 17 (19%) improved by one stage, 63 patients (70%) had no change in stage; in 9 patients (10%), endometriosis worsened by one stage.

Statistical analysis showed a significant association between stages at first and second laparoscopies after adjusting for the effects of age at first laparoscopy, the interval between laparoscopies, and the type of hormonal therapy used, which "reflects our finding that 70% of patients had stable disease," he said.

Regardless of the disease stage at the first laparoscopy, there were no statistical trends toward disease progression, but a significant likelihood (especially in patients with stage II or III disease) of improvement in endometriosis by the second surgery.

Patients with other or additional pelvic or abdominal pathologies besides endometriosis, those with a history of prior surgeries or pregnancies, and those with significant medical histories, were excluded. ■



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