hormonal treatment of endometriosis may be the recently introduced luteinizing hormone-releasing hormone agonist buserelin. Both drugs are known to be effective in reducing endometriotic implants.

A Comparison of the Changes in the Plasma Lipids and Lipoproteins during Therapy with Danazol and Gestrinone for Endometriosis

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Danazol and gestrinone are effective drugs for treating endometriosis. Danazol has an adverse, but reversible effect on the plasma lipids and lipoproteins. The effect of gestrinone has not previously been studied.

Twenty endometriosis patients were randomly allocated to 6 months therapy with either danazol 200 mg/day or gestrinone 2.5 mg twice weekly. Fasting blood samples were taken before, during and after treatment for a full lipid analysis by ultracentrifugation.

There were no significant changes in total cholesterol, total triglycerides, very low-density lipoprotein (VLDL) cholesterol, VLDL triglycerides, or LDL cholesterol. Both drugs produced a significant fall in the levels of high-density lipoprotein (HDL) cholesterol, HDL₂ cholesterol and HDL₃ cholesterol. There were significant differences between the two treatments and the levels returned to normal on stopping treatment.

Although a temporary lowering of the level of HDL cholesterol is an adverse effect, it is probably acceptable in view of the clinical benefits of treatment.

Endocrine and Morphological Changes during GnRH Analogue Treatment (Suprefact) for Endometriosis

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A potent agonist of gonadotropin-releasing hormone (GnRH; Suprefact-Hoechst) was administered to 5 patients affected by endometriosis diagnosed by laparoscopy. Classification of endometriosis was made, according to the American Fertility Society, at the time of laparoscopy. Suprefact-Hoechst was administered subcutaneously (0.3

mg twice a day) for 6 months.