Long-Term Treatment of Endometriosis with LHRH Agonists Using Slow Release Systems

F. Geisthövel, F. Peters, H.-P. Zahradnik, M. Breckwoldt

Department of Clinical Endocrinology, University of Freiburg, Freiburg i.Br., FRG

Six patients suffering from endometriosis (Acosta stages I to III) were treated by luteinizing hormone-releasing hormone agonists (LHRH-A). In 3 of the 6 patients buserelin (Hoechst AG, FRG) was subcutaneously infused using an osmotic minipump system (2 ML1, Alza Corp., USA) over a 12-week period. In the residual 3 patients decapeptyl (Ferring AG, FRG) encapsulated in biodegradable microcapsules was intramuscularly injected every 4 weeks over a 22- to 35-week period. 17β -Estradiol plasma levels declined into castration range within 8-17 days. The data obtained indicate the clinical utility of LHRH-A slow release systems.

Role of Laparoscopic Laser Vaporization in the Treatment of Pelvic Endometriosis and Infertility

Pierre Asmar, John D. Paulson

Reproductive Endocrinology Gynecology, Alexandria, Va., USA

Between 1979 and 1983, 293 consecutive patients with a diagnosis of infertility and mild or moderate endometriosis as the only contributing factor underwent different therapeutic modalities: expectant management, medical therapy, laparoscopic cauterization, and conservative surgery. Pregnancy rates were respectively 57% (16/28), 54% (51/95), 25% (1/4) and 84% (97/116).

Between 1983 and 1985, 296 consecutive infertility patients with a diagnosis of mild or moderate endometriosis as the only cause of their infertility were treated by laparoscopic CO₂ laser vaporization. Their overall pregnancy rate was 77% (227/296). It included 81% (147/181) for mild and 70% (80/115) for moderate endometriosis.

Pregnancy rates following laparoscopic laser vaporization were found higher than following medical or expectant therapy or laparoscopic cauterization but were comparable to conservative surgery. These results suggest that laparoscopic laser vaporization of endometriosis is an effective new therapeutic modality for infertility and endometriosis.

Endoscopic Treatment of Adenomyosis by Y AG Laser

J. Dequesne

Le Locle, Switzerland

We have made an operational hysteroscopy on patients suffering of uterine bleedings resisting conventional treatment. In 44% of the cases, we found single or associate adenomyosis and we treated them at the same time ambulatorily under paracervical

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anesthesia by means of the Nd YAG laser. Therefore we have coagulated the perifocal vessels in the lesion with a power between 20 and 30W as well as the crypts for the adenomyosis up to a depth of 5-6 mm.

Four cycles after the treatment, the results show a normalization of the menogram in 80% of the cases and we have been surprised to find accessory on 18 patients having dysmenorrhea, a total remission in 67% of the cases and a partial remission in the other cases. In these 18 patients, 2 patients suffering from adenomyosis had positive pregnancy tests, but one has had a spontaneous abortion. A longer follow-up treatment is however necessary to estimate its lasting efficiency on the menogram, dysmenorrhea and pregnancy.