Experience with Gestrinone Therapy in the Infertile Patient (Mild Endometriosis)

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During a one-year period (1985) 40 consecutive infertile patients for which mild endometriosis was diagnosed by laparoscopy were treated with gestrinone (Roussel-Uclaf, Paris, France), 2.5 mg twice a week, during 4 months. All these patients had infertility of long duration (57 months). Infertility could not be sufficiently explained in view of the results of the basic work-up, either that this basic work-up was totally normal, or that anomalies exhibited were not sharp enough to be the only probable reason for the infertile condition.

Gestrinone therapy was well tolerated in the majority of the cases. The main discomfort was due to frequent bleeding (24%). Four spontaneous pregnancies were obtained with a mean delay between the end of therapy and the beginning of pregnancy of 8 months. Two more pregnancies were obtained by in vitro fertilization (13 cycles, 11 patients, 2 pregnancies).

Conclusions are that gestrinone is a well-tolerated therapy, but its efficacy on endometrial implants and on subsequent infertility associated with endometriosis remains to be confirmed.

Effects of Buserelin Administration on the Androgenic Profile

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The administration of a gonadotropin-releasing hormone superagonist enables the depression of ovarian function through the neutralization and down-regulation of gonadotroph membrane receptors and consequent impairment of pituitary gonadotropin synthesis and secretion. When follicular development is restricted to the early stages, the thecal structures secrete predominantly androgens.

On the other hand, since estrogens are diminished, sex hormone binding globulin (SHBG) secretion at hepatic levels could also be impaired, thus resulting in increased levels of free androgens.

All this could result in the existence of a predominantly androgenic hormonal profile in the women treated with this substance. To study this aspect, 12 normally cycling women, being treated for endometriosis with buserelin (HOE 766) at doses of 300 µg

every 8 h intranasally, for 6 months, have been considered. Basal, 15-day and afterwards monthly serum samples were taken and kept frozen until the end of the study. Luteinizing hormone (LH), estradiol testosterone and SHBG were determined by radioimmunoassay and a free testosterone index (FTI) has been calculated. $FTI = (T/SHBG) \times 100$.