The LH and FSH levels showed a decreasing tendency during the treatment. There was no significant change in the prolactin and hydroxycortisone values. The estradiol and progesterone significantly fell, although when Danol was withdrawn or the dose reduced there was a striking elevation in the estradiol levels.

Based on these results, we suggest that danol, although it was previously thought to have antigonadotroph effects, is acting rather on the steroid receptors or as an inhibitor of the steroid synthesis. At the end of the 6-month danol treatment luteinizing hormone-releasing hormone was given intravenously and caused a significant increase in LH levels which seems to support this hypothesis.

Amenorrhea as a Prognostic Indicator in Endometriosis Patients Treated with Danazol

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Initial studies advocating the use of danazol for the treatment of infertile women with endometriosis advised achieving a state of amenorrhea. Despite anecdotal evidence that amenorrhea is a good prognostic sign while on danazol, there are few studies examining the issue. The purpose of this study was to determine if failure to obtain amenorrhea was a significant risk factor for persistent infertility in women with endometriosis. All endometriosis patients were operatively diagnosed; 125 were prescribed danazol in dosages individualized due to a 10% incidence of bothersome side effects. Our therapeutic goal was to achieve 3 months of amenorrhea on no more than 800 mg of danazol daily. Analysis was by frequency analysis using the χ^2 distribution. When type of operation for operative diagnosis was compared, the only difference was the propensity of women treated at laparotomy to have more severe endometriosis than those women treated at laparoscopy ($p = 0.001$). There were no demographic differences between the laparotomy and laparoscopy groups. Of the 67 patients ultimately taking 800 mg of danazol daily, 33 (49%) continued to have breakthrough bleeding or spotting. Seven of 58 patients (12%) who could not advance beyond 400-600 mg daily due to side effects had breakthrough bleeding. Pregnancy rates after 18 months of follow-up were calculated. Pregnancy rates, when analyzed by operation performed and severity of endometriosis, did not significantly differ between the bleeding and non-bleeding patients.

The Role of Unilateral Salpingo-Oophorectomy in the Conservative Surgical Treatment of Endometriosis

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Unilateral salpingo-oophorectomy (USO) has been advocated in the woman with severe unilateral adnexal adhesions and endometriosis, yet little data exists as to the effect of USO on postoperative pregnancy rates. Of 514 patients treated with conservative sur