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Introduction

This supplementary issue reports on work presented at the recent symposium, 'Management in Gynecology: The Role of a GnRH Analogue, Leuporelin Acetate Depot', held in Copenhagen on August 6, 1997, as part of the XVth FIGO World Congress of Gynecology and Obstetrics. We were fortunate to have reports from eminent clinical experts who were able to contribute to our knowledge of GnRH analogues (GnRH-a) and the ways in which they should be used in the gynecological setting. Interest is increasingly focusing on these drugs, with indications for their clinical use continuing to expand. Although well accepted for their place in treating endometriosis and leiomyoma, they are now also being seen as useful in treating a wider range of gynecological disorders, including dysfunctional uterine bleeding, pelvic pain, as well as possibly having a therapeutic role in both benign and malignant hormone-sensitive diseases. To date they have not been used for more than 6 months due to their hypoeutrogenic side effects on bone mineral density. However, with strategies to overcome this problem being developed, the long-term administration of GnRH-a is becoming much more likely. With continuing research into developing optimal add-back therapies, we will move a long way toward being able to use these drugs for periods longer than 6 months – an important breakthrough for treating what are often chronic, recurrent conditions.

This symposium focused on the common gynecological problems presenting to the physician, and also attempted to define more precisely what the indications for GnRH-a use should be in gynecological practice. We were fortunate to have such an impressive group of speakers from many parts of Europe, the USA and the UK who

were able to present their latest research and share their expertise with us. Speakers included Prof. James Walker, Department of Obstetrics and Gynecology, St. James University Hospital, Leeds, UK, who provided an overview of how best to approach the often difficult management of pelvic pain. Prof. Vignali, Department of Obstetrics and Gynecology, University of Milan, Italy, talked about the molecular action of GnRH-a on ectopic endometrial cells. The useful application of GnRH-a in patients with bleeding disorders prior to surgery was discussed by Dr. Römer, University Hospital, Greifswald, Germany. Finally, the important issue of add-back therapy was addressed by both Prof. Freundl, Düsseldorf University, and Dr. Surrey, Reproductive Medicine and Surgery Associates, USA, who discussed prolonged GnRH agonist therapy in the management of symptomatic endometriosis, particularly the role of norethindrone acetate and conjugated equine estrogens.

The principal aim of this symposium was to unite experts in the field of gynecological GnRH-a therapy to report on their most up-to-date preclinical and clinical findings. Leuporelin, one of the most important and commonly used GnRH-a, offers a significant therapeutic modality to gynecologists, enabling them to reliably treat conditions medically, which until now have often been managed with less effective strategies. I am sure that the presentations and discussions presented in this symposium will offer valuable and useful information for the practical management of gynecological disorders.