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BACKGROUND AND OBJECTIVE

To investigate the clinical and sonographic effects of the 52 mg levonorgestrel-releasing intrauterine device (LNG-IUD) in patients with adenomyosis with or without associated endometriosis in a long-term follow-up.

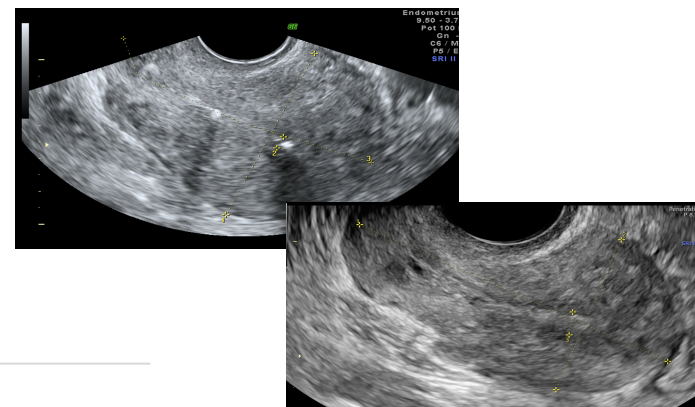
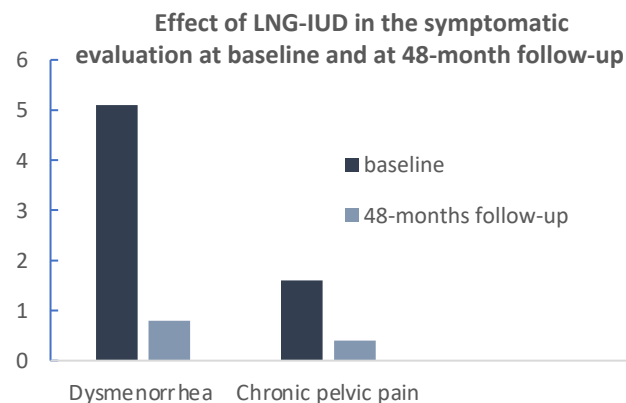
MATERIAL AND METHODS

This prospective study included 28 patients with diagnosis of with adenomyosis with or without associated endometriosis who underwent LNG-IUD insertion between January 2016 and December 2017 in the Department of Gynecology of the Hospital Clinic of Barcelona. A numeric rating scale score from 1 to 10 for pain at baseline and 48 months after the LNG-IUD insertion were used to assess the efficacy of the treatment. A high-resolution specialized ultrasound was performed at every follow-up visit searching for criteria of adenomyosis and reporting the size of the deep endometriosis nodules and ovarian endometriomas.

RESULTS

Baseline clinical characteristics	N (%) or Mean \pm SD
Age	40.4 \pm 3.8
Adenomyosis	28 (100)
Ovarian Endometriosis	8 (28.6)
Deep Endometriosis	18 (64.3)

Table 1. Baseline clinical characteristics among patients



Sonographic findings: A significant reduction in the sonographic expression of adenomyosis after treatment was identified with a complete response to treatment in 11 (39.3%) patients ($p < 0.004$). The number of patients who met > 3 criteria of adenomyosis decreased from 23 to 8 ($p = 0.004$). There was a trend in a decrease in mean size of OE (39 to 23 mm) and DE nodules (34 to 25 mm) although it did not reach statistical significance.

CONCLUSIONS

The LNG-IUD appears to be an effective method in alleviating pain and heavy menstrual bleeding symptoms associated with adenomyosis and/or endometriosis in the long term. Sonographic improvement is also demonstrated at 48-month follow-up, especially regarding adenomyosis and OE compared with DE. Further research with a longer follow-up, larger sample size and comparison with other treatments are needed.