Overseas treatment of endometriosis with continuous regimen EP combination

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Endometriosis is a major woman’s health-care problem, because it is a chronic disease. Endometriosis causes pain and/or infertility, and affects millions of woman worldwide. The disease is characterised by the presence of endometrium-like tissue-glands and stroma outside the uterine cavity. Different treatment options exist for endometriosis including medical and surgical treatments or a combination of the two approaches. Surgery will performed in most of the cases, especially in patients suffering from infertility. After surgery without postoperative hormonal treatment the disease has a high recurrence rate. The recurrence rate is dependent on the stage, localisation and activity of the endometriosis and on the experience and skills of the surgeon. The most commonly used medications are non-steroidal anti-inflammatory drugs, GnRH agonists, combined oral contraceptive pills, progestins and the levonorgestrel intrauterine system. The medical treatment of endometriosis is effective at treating pain and preventing recurrence of disease after surgery. Remarkably, the oral contraceptive pill taken continuously is as effective as GnRH-a, while causing far less side-effects. The oral contraceptive used in a conventional manner was less effective than a GnRH analogue in the relief of dysmenorrhea. No significant difference was noted between the effectiveness of the oral contraceptive pill and a GnRH analogue in the relief of dyspareunia or non-menstrual pain. Some randomized controlled trials of COC in postoperative medical therapy for endometriosis are available. There was a significantly higher rate of total endometriosis remission [OR= 2.55] and a lower rate of recurrence [OR = 0.31] in the COC group compared with surgery alone. The use of COC after surgery of endometriosis show a significant reduction of recurrence rate for dysmenorrhea, but no significant effects for improvement of dyspareunia and nonmenstrual pain. COC use after surgery of endometriomas show a significant reduction of recurrence rate (anatomical relapses). Continuous use of COC is more effective than cyclic use of COC. In selected studies COC containing dienogest are more effective than COC containing other progestins. In the European Guidelines and also in the Guidelines of the German Speaking countries continuous use of COC are mentioned as a first choice option in adjuvant treatment of endometriosis. Continuous use of COC are the first choice in clinical practice in Germany in young patients suffering from endometriosis.

Conclusions: Hormonal contraceptive methods play an important role in the symptomatic treatment of endometriosis. Continuous use of COC are well established treatment options in the prevention of recurrence of this chronic disease and should be used in the long term management.