Aim: to evaluate the clinical treatment of deeply infiltrating endometriosis with dienogest, quantifying the
frequency and intensity of pain symptoms and analysing adverse effects.

Methods: prospective study included 14 women with diagnosis of deeply infiltrating endometriosis that was made using surgical
intervention, magnetic resonance imaging or transvaginal ultrasound; the patients were followed at the
Gynaecology Department, University of Campinas (Unicamp). All women received dienogest (2 mg once
daily, orally) for 16 weeks. The variables considered were dysmenorrhoea, chronic pelvic pain, deep
dyspareunia, and pain to evacuate and to urinate, measured by visual analog scale. For this analysis,
P<0.05 was considered statistically significant. There were also gathered main adverse drug effects.

Results: the mean age was 36±6.6 years, 56% were nulliparous, mean body mass index was 24.6±4.2
and the initial age of symptoms was 29.5±9.1 years. There was a significant reduction after 4 months of
dysmenorrhoea (7.8 to 1.1, p<0.0001), chronic pelvic pain (3.9 to 1.1, p=0.03) and deep dyspareunia (4.6
to 0.6, p= 0.004). Although, the pain to evacuate and to urinate showed reduction in the scale, there was
no statistical significance. About adverse effects, 56% presented headache, 31% breast pain and 43%
libido decrease. All women exhibited irregular bleeding with the medication; however, it was not a motive
for patients to interrupt the treatment. Conclusion: the dienogest is an excellent drug for the treatment of
depthly endometriosis. Despite the irregular bleeding, the medication provides a significant pain control.
This effective management permits the clinical following of these patients, preventing the complications
and the high morbidity of surgical procedures.