Objective: Uterine myoma (UM) is a common pelvic tumor causing a significant morbidity. Its treatment remains a challenge worldwide. GnRHa are commonly used, but not for long term due to hypo-estrogenic state, therefore, alternate regimens with less side effects are needed. Aim of this work is to evaluate the effect of Dostinex, on (UM) growth compared to Zoladex.

Design: Prospective controlled clinical trial

Materials and Methods: 42 women with (UM) > 6 cm in diameter were enrolled over a period of 1 year, from January to December 2012. Patients were divided randomly and equally into 2 groups of 21 each: group (A) to receive 0.5 mg of Dostinex once a week for 6 weeks, group (B) were prescribed 3.6 mg Zoladex SC injection monthly for 6 months. Adverse effects were recorded if any. Follow-up visits arranged including (UM) volume estimation by ultrasound at each visit for all patients. Data analysed and P-value considered to be significant if < 0.05. All analyses were performed using SPSS software.

Results: Treatment well tolerated in Cabergoline group and with few side effects. Group (B) expressed more (UM) shrinkage in comparison to group (A)(P<0.012), but no significant difference between mean volume reduction in both groups. 9 patients had a tumor volume reduction of < 14%. Reduction rate of individual tumor nodule varied from 39-58% in Dostinex group, while that in group (B) was between 27 to 92%. In GnRHa group: 82% patients experienced hot flushes, 38% headache, only 2% in group (A). Other side effects of hypoestrogenic state were observed in 6-85% patients on GnRHa, but none in Dostinex group. 3 patients in the second group discontinued treatment.

Conclusions: In light of therapeutic efficacy and few side effects, the use of dopamine agonist (Cabergoline) may be considered a valuable alternative to GnRHa in the management of uterine myoma.