EFFICIENCY OF GNRH ANALOGUES FOR THE TREATMENT LARGE FUNCTIONAL OVARIAN CYSTS

BACKGROUND: To assess the efficiency of GnRh analogues (GA) in functional ovarian cysts (oc) versus Oral contraceptives (CO). Although CO do not decrease the size of existing oc, they may prevent the formation of new ones. Other treatments who blocks the pituitary-ovarian axis have not been extensively studied for this indication, but are likely to have an "identical" effect. MATERIAL AND METHOD: Between 2011 and 2013 we collected in Rea Hospital 59 patients (p) (mean age 37.4 years) initially diagnosed with (at least) an oc with a diameter of >=5 cm. CA-125 & HE4 were within the normal values, Doppler and transvaginal ultrasound (TVU) had no suspicious findings in 51 of the 59 p. We shared the 51 p in 3 groups with same characteristics: group E: expectation without treatment 16 p, group GA: treatment with a single dose of GnRH-agonist (GA)/Triptorelin (Arvekap) 11.25mg: 22 p with 2 p lost to follow-up, group C: treatment with an OC containing ethinylestradiol & drospirenone (Yasmin): 13 p with one p lost. The follow-up was performed after 3 months with TVU. RESULTS: Complete resolution of the oc was observed in 8 (50%) p, 14 (70%) p & 8 (67%) p of the E, GA, C groups respectively. Although a greater efficiency was observed with a GA administration this did not reach statistical significance (p>0.05). Moreover the treatment with "GA one injection" was very well tolerated, with 100% compliance in contrast with OC (80%), with few side effects and no thromboembolism. CONCLUSION: GA is a good alternative as treatment of functional ovarian cysts despite its high cost. Further studies should confirm this "no classical" therapeutic indication.