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The comparative analysis of effi ciency of a levonorgestrel-releasing intrauterine device Mirena® and oral progestine in the treatment of myoma

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Background: Numerous studies over the last few years have been directed at studying the efficiency of various conservative and organ-preserving methods for treatment of myoma. One possible solution is therapy with a preparation of the prolonged action which provides a stabilisation effect.

Objective: The comparative analysis of efficiency of application of the Levonor-releasing-system (LRS) – Mirena® and oral progestin for knotty myoma of the uterus.

Methods: A total of 90 patients having from 1 to 5 myomatosis knots of interstitial and subseros-interstitial localisation were included in prospective research. The criteria for inclusion were: the uterus size at 7 to 8 weeks, the myomatosis knots measuring 2.5 cm, moderate manifestation of symptoms, absence of contraindications to applied preparations, lack of rapid growth of knots and deformation of the uterine cavity. These patients were divided into two groups, depending on desire of the woman to accept each treatment. The 1st group included 36 patients receiving a course of the progestagen Norkolut® 5 mg/day from the 5th to the 25th day during 12 months. The 2nd group had 54 patients for whom Mirena® was entered with duration of treatment from 12 months to 3 to 4 years. The efficiency of treatment was estimated on reduction of the sizes of the uterus and knots that was defined at the dynamic ultrasonic research at 3 monthly intervals.

Results: The age of the patients ranged from 28 to 55 years. The plentiful and long mensis, being accompanied by weakness and an indisposition, were revealed in 49 (54%) patients. In the first group 10 (28%) from 36 patients had a combination of myoma of the uterus and pathology of endometrium, causing change in the menstrual cycle for 42% of women. In the 2nd group consisting of 54 women, this change of the menstrual cycle was seen in 53% of patients. Thus 48% of women of this group suffered from menorrhagia, at inspection along with myoma pathology an endometrium (a ferruterous and ferruterous-cystous hyperplasia). During three years' research in the 2nd group we received the results consisting of permanent stabilisation or reduction of the sizes of myoma and myomatosis knots in 39 (72.3%) patients. In all patients with menorrhagia after 6 to 12 months of application of Mirena® we observed oligomenorrhea or amenorrhea. Side effects weren't statistically significant.

Conclusions: Introduction of Mirena® in an arsenal of modern methods of treatment of myoma of a uterus is an alternative to surgery and convenient for patients with a small amount of side effects.