

THE USE OF GNRH AGONISTS IN FERTILITY TREATMENT FOR ENDOMETRIOSIS

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INTRODUCTION

Endometriosis is a disease of ectopic endometrial glands outside the uterus, mostly the adnexa and pelvic peritoneum. It has a negative impact on fertility; affecting 10-15% of women of reproductive age. 30-50% of women who have endometriosis require fertility treatment.

METHODOLOGY

A cohort of all patients who suffered from endometriosis and had received Zoladex (GnRH agonist) up to September 2022 was collected retrospectively from patient medical files at ART Clinic. This was compared to an age-matched cohort who also suffered from endometriosis but had not received Zoladex prior to embryo transfer.

RESULTS

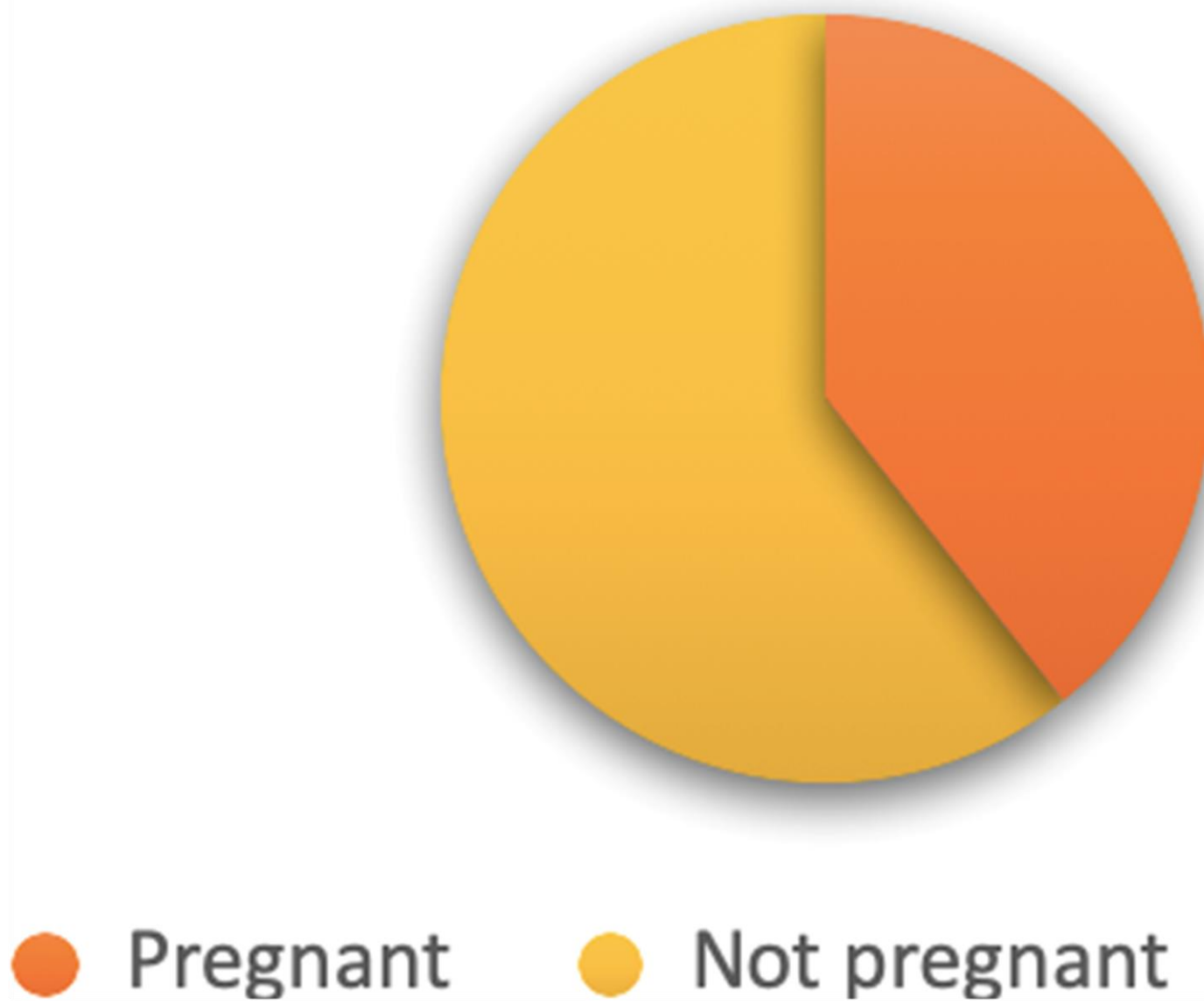
Our study included a total of 64 patients. It was interesting to note that other conditions which could contribute to infertility frequently co-existed. These included most commonly PCOS and adenomyosis but also ovarian failure, tubal disorders as well as oligospermia as a male reason for infertility.

39% of patients who had pre-treatment with a GnRH agonist had a successful IVF pregnancy. 70% of these patients, got pregnant with the first embryo transfer attempt whilst the remaining 30% had 1 or 2 previous failed transfers.

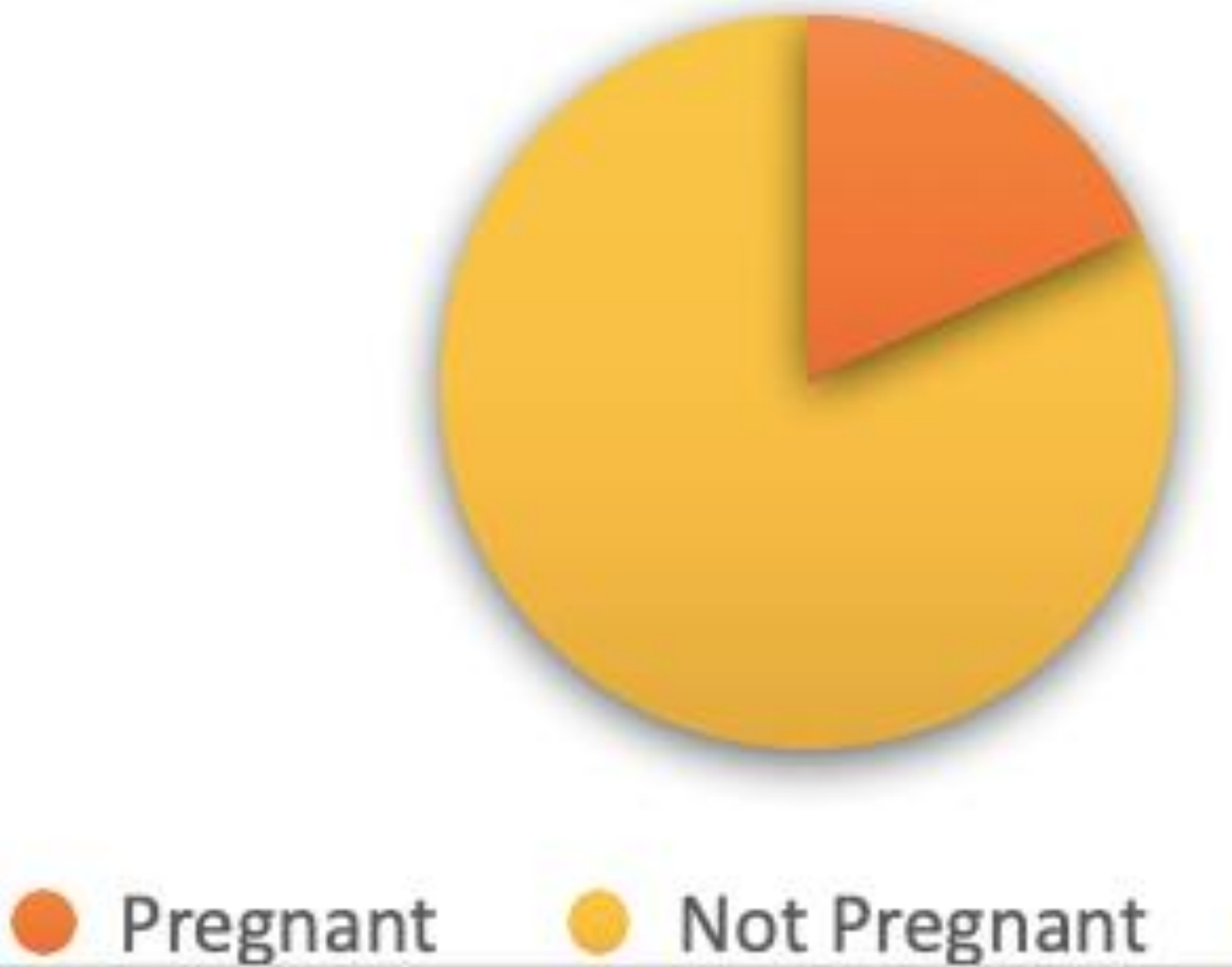
In comparison, only 18% of those patients who were not pre-treated with a GnRH agonist got pregnant. This means that pre-treating with a GnRH agonist increases the chance of pregnancy by 21%

69% of those patients who received pre-treatment with a GnRH agonist, were administered a total of 4 doses. The maximum doses administered were 6 doses. From our study we concluded that number of doses given did not seem to have a significant effect on the outcome.

GNRH AGONIST TREATMENT



NO GNRH AGONIST TREATMENT



DISCUSSION & CONCLUSION

It has been suggested that the use of a GnRH agonist prior to embryo transfer in IVF can improve pregnancy success rates. At Mater Dei Hospital, the use of GnRH agonists in endometriosis is still in its early phases and no local studies had been carried out yet to assess its effects.

The GnRH agonist which is currently being used at ART clinic is Goserelin (Zoladex). It is given via SC injection once every 4 weeks, for up to a total of 6 months. Side effects may include menopausal symptoms such as vaginal dryness, mood swings and hot flushes.

Our results suggest that pre-treating women who suffer from endometriosis and undergo artificial frozen embryo cycles with a GnRH agonist results in increased pregnancy rates.

Further investigation into whether this strategy is also associated with an increase in live birth rates would also be very useful. In fact, this data is still in the process of being collected. Whilst this treatment has its side effects and may be associated with increased medical costs, our study did provide promising data and it does promote the use of GnRH agonists in the treatment of endometriosis-related fertility problems.