

Medical Management of Deep Infiltrating Endometriosis is Safe and Does Not Lead to Disease Progression

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Objective:

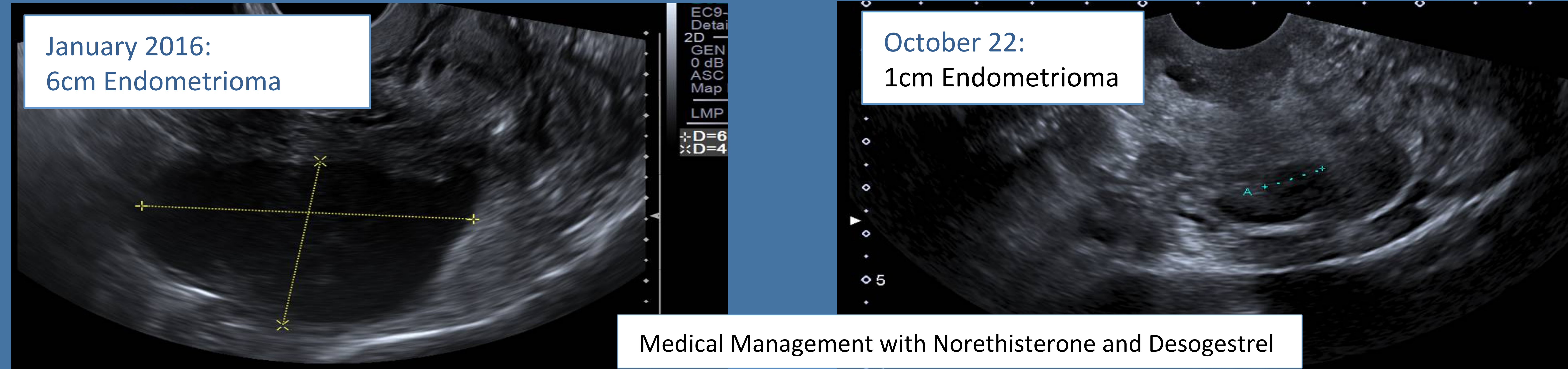
Surgical management of endometriosis is not without risk, in particular the small but significant risk of visceral injury. We aim to investigate the role of medical management of Endometriosis in not only managing symptoms, but also halting, and reversing, disease progression.

Design:

This is an observational study of patient discussed at the Imperial Endometriosis MDT between 2010 and 2016 who opted for hormonal medical management of their disease.

Method:

Patients with Deep Pelvic Endometriosis who opted for medical management (n= 129) were monitored for symptom control and later requirement for surgery, if needed. Subsequent imaging was compared to the initial imaging to monitor for disease progression or resolution.



Results:

Over half (52%) of patients who opted medical management reported good symptom control. Of these 39% required no further surgery. 15% of patients declined medical management or we not suitable as were asymptomatic or post menopausal. On follow up imaging of patients with successful medical management, 90% of patients had either stable or improved imaging finding of endometriosis, with 50% showing improvement, including resolution of endometriomas up to 4.5cm in size. Medical management included the Combined Oral Contraceptive Pill, Progestogens and GnRH Analogues, with over a quarter (26%) of patients opting for the COCP and 44% receiving GnRH analogues.

Conclusions:

Medical management of endometriosis should be considered as a first line treatment option to reduce the disease burden. We have shown that a significant reduction in symptoms can be achieved with medial management. In addition radiological reversal of disease can be seen in patients managed medically. Further research is required to optimise method and duration of medical management.