

LNG-IUS -An Incredible Non Surgical Alternative for AUB

Dr. Rajshree Deepak Gohadkar, MBBS, MD and Dr. Desh Deepak, * MBBS, MD

Director of Rajdeep Fertility Research Centre and Nursing Home, Rajdeep Niwas, Near Central Academy, Baran Rd, Sarswati Colony, Kota, Rajasthan 324001, India

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*Corresponding author: Dr. Desh Deepak

Abstract

Original Research Article

Aims and Objective: The aim of this study is to evaluate the efficacy and patient satisfaction among women who were treated with LNG-IUS as conservative management of AUB. **Material and method:** This was a prospective observational study conducted in 120 women over a period of 5 years who came to the OPD with various complaints like Menorrhagia, Polymenorrhagia, Menometrorrhagia, Dysmenorrhoea etc at Rajdeep Fertility Research Centre and Nursing Home, Kota. They were inserted LNG-IUS as either alone or with D&C, Hysteroscopy followed by insertion. Response was assessed monthly for 3 months then 6 monthly for 2 years by pelvic assessment (to see thread) and ultrasound at every visit. **Results:** A total of 120 women which were studied were in the age group of 35 to 55 years with the mean age of 42.1 years. Menorrhagia (71.66%) was the most common type of AUB with which the women came to us, followed by Menometrorrhagia, Polymenorrhagia, Dysmenorrhoea. The most common indication for which Mirena was inserted is AUB-O (30.8%) [1-4] followed by AUB-A (19.1%). About 35% women were with Hyperplastic endometrium [5] in whom D&C was done prior to insertion of MIRENA, AUB-L (6.6%), AUB-P(8.3%), AUB-O(25%). It proved to be a boon in women with Menorrhagia and who were Medically unfit (5.8%). There was decrease in menstrual blood loss in 73 % of the patients by 3 months and 97% of the patients by 6 months and 88.3% patients achieved amenorrhoea by 1 year [1-4].

Keywords: LNG-IUS, Menorrhagia, hysterectomy & endometrial resection, polymenorrhagia, menometrorrhagia, dysmenorrhoea, HPE, PID, fibroid, adenomyosis, endometrial polyps, D&C, hysteroscopy, TVS, MBL.

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INTRODUCTION

AUB constitutes a considerable problem for many women resulting in discomfort, anxiety & disruption of life of sufferer. About 30% of the women in reproductive age group suffer with AUB. 60 % of this women will ultimately undergo hysterectomy. Surgical procedures such as hysterectomy & endometrial resection are often used to treat AUB, but these can be costly, traumatic, risky & sometimes unnecessary. The drugs used for treatment of AUB have a wide range of undesirable side effects, may have to be used for long periods & effectiveness of some drugs is uncertain. The Levonorgestrel releasing intrauterine system (LNG-IUS) provides an efficacious, satisfactory & cost effective choice in the treatment of AUB [1-4, 7], comparative to drug therapy and is associated with significant reduction in menstrual blood loss.

- The aim of this study is to evaluate the efficacy and patient satisfaction among women who were treated with LNG - IUS as conservative management of AUB and Women who were not fit for Major Surgery like Hysterectomy.

MATERIAL AND METHOD

- Prospective observational study conducted in 120 women over a period of 5 years from July 2013 to July 2018.
- The complaints with which patients came to OPD Menorrhagia, Polymenorrhagia, Menometrorrhagia, Dysmenorrhoea etc at Rajdeep Fertility Research Center and Nursing Home, Kota Rajasthan, India were included in the study.

Aims & Objectives

Inclusion Criteria

- Uterine size < 12 weeks,
- Age 30 to 55 yrs
- No cervical or vaginal pathology
- In women > 40 yrs D&C and Hysteroscopy was done.
- HPE report Negative

Exclusion Criteria

- Contraceptive uses were excluded
- Women with acute PID
- Uterine Anomaly
- Intramural and Subserous fibroid > 3 cm
- Submucous fibroid distorting the cavity shape.
- Menorrhagia due to pregnancy complications.

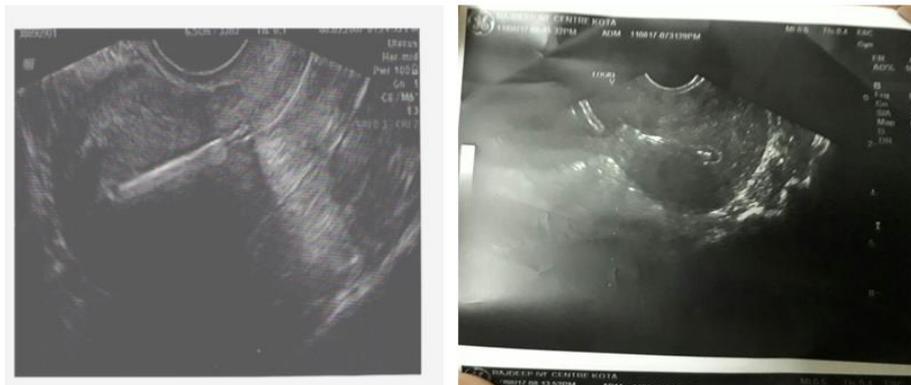
Method of Insertion

- A detailed history, examination (general, systemic, pelvic) was done.
- TVS was done and any obvious pathologies like fibroids, adenomyosis, endometrial polyps etc were diagnosed.
- LNG-IUS was inserted post menstrually on day [4-7].

- We inserted LNG-IUS as either alone or D&C followed by LNG-IUS insertion. In some patients partial TCRE was done and then LNG-IUS was inserted. Those with endometrial polyp, hysteroscopic removal was done and then LNG-IUS was inserted.
- The efficacy of LNG-IUS was measured in the form of subjective symptomatic improvement and quality of life.
- For the first 3 months progesterone was given orally also for support in few patients.
- In 1 patient of Endometriosis and Adenomyosis 2 doses of Leupride depot was given.

Post-insertion- The pts. were asked to maintain a menstrual calendar.

- Response was assessed monthly for 3 months then 6 monthly for 5 years.
- A detailed general examination, pelvic assessment (to see thread) at every visit.
- **Follow up** - ultrasound done at every visit to see the location of LNG-IUS or changes in the original pelvic pathology.



Sonographic Evaluation

RESULT

Age

Age Group	Number	Percentage
30-40	36	30
41-50	70	58
51-60	14	11.6

- The Mean age of the Patients was 42.1 Years
- Majority of the women belonged to the age group 41 to 50 Years

Parity

Parity	Number (n=92)	Percentage
Nullipara	1	.83
Primipara	18	15
Multipara	101	84.16

- Maximum no of the patients were multipara (84.16 %)

Symptoms

week as the pt. not fit for surgery. LNG-IUS inserted 5 Years back now 51 years old with Menopausal Levels of FSH, LH.

CONCLUSION

LNG IUS is an effective and well tolerated treatment modality for AUB.

- LNG –IUS is easy to insert, has a sustained effect, cost effective and well tolerated.
- It is a novel therapeutic alternative to hysterectomy for AUB.

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