The choice of drugs for hormone contraception in women with the history of disturbed menstrual cycle

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Objective: To study the morphofunctional state of the endometrium at secretion stage in women with the history of disturbed menstrual cycle when compared with the indices of the hormone profile of the organism and to choose the drugs for hormonal contraception.

Materials and Methods: The study involved 72 women of fertile age with hyper- or hypomenorrhea with the history of different disturbances of the menstrual cycle. Phase evaluation of the blood serum hormones, ultrasound monitoring of the follicle and endomentrium development, morphological study of the endometrium at secretion stage (the material for biopsy was obtained by mini-vacuum excochleation through all layers) were performed.

Results: When making histological diagnosis we used O.K. Khmelnitsky's classification, which is based on as sociation of the day of endometrium biopsy and the phase of menstrual cycle as well as the presence of the signs of hyperplastic or hypoplastic changes. Depending on the degree of proliferative processes, glandular hyperplasia was divided into active and slent forms.

Proliferative hyperplastic processes in the endometrium were revealed in 52 (72.2%) of the women, active form prevailed in 31 (43%), silent was observed in 21 (29.2%); endometrium hypoplasia was present in 20 (27.8%).

Due to different amount of estrogen and gestagen components in the contraceptive drugs, progestagens were administered in active form of proliferative hyperplasia (Norcolut from the 5th to the 25th days of the cycle, sometimes Primolut-nor) for 3 - 6 cycles under ultrasound control. In silent form, monophase contraceptives were used (Femoden, Cilest, Marvelon); in hypoplastic forms, low-dose three-phase drugs were recommended (Triquilar, Tri-regol, or monophase Logest).

Conclusion: The use of the suggested differentiated approach to administration of hormonal contraception provides the correct course of menstruation; ovulation was absent.