

Pathogenic treatment of uterine leiomyoma and adenomyosis by low-dose oral contraceptive Novynette.

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Uterine Leiomyoma is the most common pelvic neoplasm in women. Clinical and morphological studying of 119 women with uterine leiomyoma and adenomyosis revealed that their formation was the result of direct and indirect metaplasia due to traumatic intrauterine manipulation and infection. Multiple menstrual cycles that are characterized by cyclic hormones changes in absent of pregnancy is main factor that support leiomyoma growth.

It is widely accepted that long-term use of combined oral contraceptives decreases the risk of developing myoma.

In our study we administered Novynette to 25 women with leiomyoma after 6 month therapy of GnRH agonist and to 25 women after myomectomy. Myoma regrowth was not detected in all cases after 18 month of novynette usage. 50 women with leiomyomas whichj size was smaller than 15 mm received novynette for 18 month and didn't show growth of myomas.

In conclusion, we have shown that Novynette can effectively stabilize the size of uterine myomas and may be effective as a growth preventive agent of primary small uterine myoma. We speculate that the mechanism of the effects of Novynette is related to its ability to prevent multiple hormonal changes associated with menstrual cycles and with desogestrel that can block progesterone receptors.