

Obiettivo:

To confirm our previous data on the efficacy progesterone supplementation on the regression rate of endometrial polyps in premenopausal woman.

Metodi:

An interim-analysis of a RCT currently ongoing has been performed on the data of premenopausal women with endometrial polyps enrolled from October 2017 to May 2018. Patients have been randomized in 2 arms: those in group A received 25 mg of subcutaneous progesterone from 18° to 25° day of the menstrual cycle and repeated for 3 cycles, while in group B patients were managed by a watch-and-wait approach. In all women, an ultrasound was performed 3 months after the initial diagnosis.

Risultati:

Nineteen out 34 and 24 out of 33 polyps persisted in groups A and B, respectively, with a regression rate of 45% and 28% in patients managed by medical therapy and in those not receiving progesterone, respectively ($p<0,001$). Persistent endometrial polyps had a longer diameter significantly greater at inclusion ($12.6\pm 2.91\text{mm}$) compared with polyps that regressed spontaneously or after therapy ($7.89\pm 2.45\text{mm}$) ($p<0,001$). Although not disappeared, polyps persisting after therapy significantly reduced in size with a mean reduction of 4.06 ± 2.81 mm. The histological diagnosis of polyps persisting at 3-months re-evaluation was “endometrial polyp”, with no malignancy occurring in the entire population.

Conclusioni:

Data from this interim-analysis seems to confirm our retrospective results on the efficacy of subcutaneous progesterone for the treatment of endometrial polyps. If confirmed at the end of this RCT, these data open the way to the use of medical therapy in the management of premenopausal women affected by polyps.