02 - MEDICINA DELLA RIPRODUZIONE

SUBCUTANEOUS PROGESTERONE SUPPLEMENTATION IN PATIENTS WITH ENDOMETRIOSIS AND ITS EFFECT ON MESTRUAL PAIN

Obiettivo: To compare the efficacy, in terms of pelvic pain control, of subcutaneous (SP) and vaginal (VP) progesterone gel administered for luteal phase support (LPS) in patients with endometriosis stage I/II and endometrioma < 4 cm undergoing superovulation and timed intercourses (SO-TI).

Metodi: Patients with menstrual pain (assessed by 10-points VAS score) higher than 5, undergoing SO-TI were randomized to receive SP 25 mg a day (group A) or VG 90 mg a day (Group B) from the day following the ovulation for 14 days for LPS. Patients were asked to score their menstrual pain again after SO-TI and LPS. The primary outcome measure was the DeltaVAS pain calculated as the difference between the VAS score assessed 7 days after the end of the menstrual period subsequent to the LPS and that assessed before the SO-TI with LPS. Secondary outcome measures were analgesic use and pregnancy rates (NCT02793908).

Risultati: Fifty-four and fifty-two patients were randomized in groups A and B, respectively. Age, FSH, BMI, VAS pain and analgesic use were similar among groups at baseline. DeltaVAS pain was significantly higher in group A than in group B (4.01±1.8 vs 1.79±1.6 points; $p<0.003$). Reduction in number of vials used as analgesics was significantly higher in SP than in VP patients (2.44±1.80 Vs 0.16±1.55 vials; $p<0.001$). Pregnancy and adverse event rates were similar between groups.

Conclusioni: SP seems to be more effective than VP in reducing menstrual pain in endometriosis women undergoing LPS after SO-TI.