

## P116. Consistent and combined application of dienogest and LNG-IUS to decrease the risk of IUS expulsion

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Recently the indications to therapeutic application of Intrauterine hormone-releasing Systems have been expanded. In particular, they are now widely applied to treat metrorrhagia (polymenorrhea) endometrial hyperplasia and adenomyosis. The introduction of a triaxial sonography in clinical practice, allowed to carry out detailed study both for cavity configurations and its true sizes and area (which aren't always comparable to uterus volume) and also to establish an accurate spatial location of IUS in a uterine cavity. On the basis of this information, researches devoted to identification of risk factors of an IUS expulsion have appeared.

The application of Mirena among the certain contingent of patients for a variety of reasons, including the prolonged usage of compliance (adherence), is preferable.

Another widely used medicine for treatment of metrorrhagia (polymenorrhea), endometrial hyperplasia and adenomyosis is dienogest (Vizanna). Dienogest 2mg daily has been administered to 32 patients without deformation of a uterine cavity, but with an area of uterine cavity  $> 9 \text{ cm}^2$  (on average  $12,33 \pm 1,82 \text{ cm}^2$ ) and distance between oviduct angles  $> 4,5 \text{ cm}$  (on average  $4,97 \pm 0,38 \text{ cm}$ ) with expulsions occurred earlier within the first year of Mirena injection.

Dienogest with the dosage stated above was administered within 6 months, then all patients were scanned on 3D sonography. Ultrasound transformation of a myometrium and uterus cavity in 6 months after Vizanna reception among 22 (69%) patients was manifested by minimization of a uterine cavity on average up to  $7,98 \pm 0,63 \text{ cm}^2$  and reduction of distance between oviduct angles on average up to  $4,07 \pm 0,12 \text{ cm}$ .

Mirena was reinjected to these patients. Within 3 and 6 and 12 months of monitoring after the injection, cases of expulsion were not indicated.

11 patients with persistent bloody discharges after IUS injection in the past continued the reception of dienogest in the same dosage for another 3 months, and among any of them bloody discharges noted in the past have not been indicated. That is another benefit for combined application of dienogest and LNG-RS Mirena.

According to the data received, the combined consistent and simultaneous application of Dienogest and Mirena reduces the possibility of IUS expulsion and decreases side effects of the IUS.

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