

论文

促性腺激素释放激素激动剂治疗子宫内膜异位症对性激素及骨密度的影响及处理方法

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摘要:

目的 探讨促性腺激素释放激素激动剂(GnRHa)治疗子宫内膜异位症时性激素水平及骨密度水平的变化。方法 选择60例子宫内膜异位症患者,分为A、B 2组,各30例,另有30例健康女性为对照组(C组)。A组给予醋酸亮丙瑞林治疗,B组给予醋酸亮丙瑞林联合7-甲基异炔诺酮片进行反加治疗,C组不做任何治疗。观察临床疗效,检测治疗后卵泡刺激素(FSH)、黄体生成素(LH)、血清雌二醇(E2)、孕激素(P)以及骨密度水平。结果 A、B 2组临床疗效无统计学差异;A、B 2组治疗4、12周后,FSH、LH、E2、P水平均较治疗前及C组明显下降,差异有统计学意义;治疗4、12周时,B组E2、P水平高于A组,差异有统计学意义;2组治疗后骨密度水平较治疗前无明显下降。结论 GnRHa治疗子宫内膜异位症可使FSH、LH、E2、P水平下降,联合反加疗法可减轻雌激素下降程度,减少骨质流失。

关键词: 促性腺激素释放激素激动剂; 子宫内膜异位症; 雌激素; 骨密度

Therapy and effect of GnHRa on sex hormone and bone mineral density in patients with endometriosis

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Abstract:

Objective To investigate the change of sex hormone and bone mineral density (BMD) in patients with endometriosis (EM) using the gonadotropin-releasing hormone agonist (GnHRa). Methods 60 patients with EM were divided into group A (n=30) and group B (n=30), and 30 healthy female patients were selected as group C. Group A received leuprorelin acetate, group B received leuprorelin acetate combined with 7-tibolone, while group C received nothing. The clinical efficiency, levels of FSH, LH, E2 and P and BMD were observed. Results There was no significant difference in clinical efficiency between group A and group B. The levels of FSH, LH, E2 and P after 4 weeks and 12 weeks in groups A and B more significantly decreased than those before treatment and in group C. The levels of E2 and P in group B were higher than those in group A after 4 weeks and 12 weeks. The levels of BMD in groups A and B did not significantly decrease. Conclusion GnHRa can decrease the levels of FSH, LH, E2 and P, and GnHRa combined with the add-back therapy can release the decreasing extent of sex hormone and reduce the bone loss.

Keywords: Gonadotropin-releasing hormone agonist; Endometriosis; Estrogen; Bone mineral density

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