

## GnRH Agonist and Bladder Endometrioma: A Case Report

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Mrs 'X' aged 35 years, P<sub>2+0</sub> (Previous 2 L.S.C.S) with last delivery seven years back presented with complaints of cyclical marked dysuria, frequency and burning in micturition for last 3 years. On examination, general condition was satisfactory and per-speculum and per-vaginal findings revealed vagina and cervix healthy, uterus-anteverted, normal size, firm, mobile and fornices clear. The Cystoscopic examination showed a growth of about 1" to 1½" in posterior wall of bladder about 2cm above the ureteric orifice and biopsy was taken from it. The microscopic examination showed muscular and submucous layers with small islands of endometrial glands with spindle shaped endometrial stroma. The

patient was put on Danazol 200mg 1 TDS for 3 months but there was no symptomatic relief. Finally she was put on GnRH agonist (Inj Decapeptyl 3.75mg) monthly for 4 months, along with U.S.G. monitoring of bladder endometrioma size every month. Before starting the therapy, the endometrioma measured 22mm x 20mm (fig I) in size and it was reduced to 5mm x 6mm (fig II) after 4 doses of GnRH analogue. There was full symptomatic relief regarding urinary complaints. The cystoscopic resection was done with this minimal residual disease and now the patient is fully asymptomatic & after surgery she has been put on continuous Progesterone preparation for 3 months.

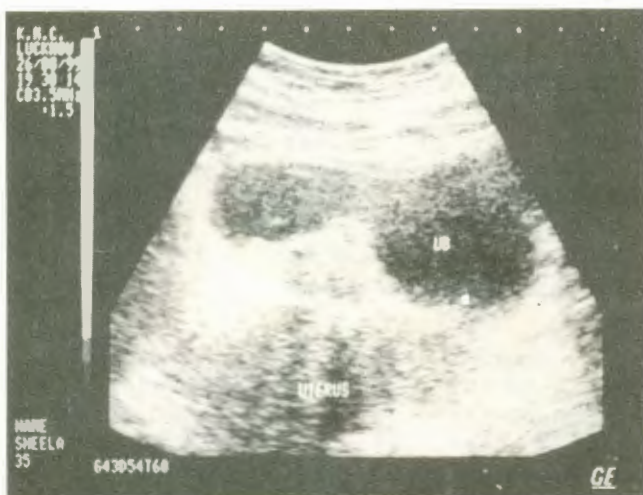


Fig I: Bladder Endometrioma Before GnRH Agonist Therapy.

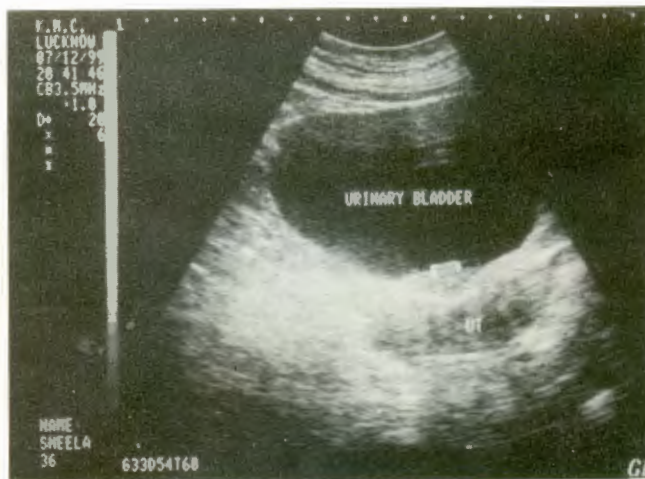


Fig. II: Bladder Endometrioma After GnRH Agonist Therapy.