



LOW-DOSE NONSTEROIDAL ANTIANDROGEN FLUTAMIDE IMPROVS OVULATORY FUNCTION IN PCOS PATIENTS

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Nonsteroidal antiandrogen flutamide is widely used not only for treatment of androgen-dependant dermatopathies, but also to restore a menstrual cycle in women with chronic anovulation due to hyperandrogenism. However, there is a lack of systematized data concerned on establishment of cyclic ovulation after treatment with flutamide in this category of patients.

THE OBJECTIVE

To evaluate the influence of flutamide treatment on menstrual cycle and the ovulatory function of women with androgen-dependant dermatopathies, links with PCOS.

METHODS AND PATIENTS

36 patients of conservative gynecology department of Kyiv Maternity Hospital, 5 were taken under control during their course of treatment of androgen-dependant dermatopathies. Flutamide was prescribed with the initial dose of 125 mg during first three months and 62,5 mg as the patients reached the effect. Additionally women with amenorrhea received metformin for the short period of treatment. Regularity of the cycle, ultrasound signs of ovulatory cycles before and after treatment were evaluated.

MAIN OUTCOME

The average age of patients was $22,6 \pm 0,69$ years. The presence of PCOS was established in 72,2% of women. The most common forms of androgen-dependant dermatopathies were acne (88,9% of patients) and hirsutism (50% of women). 22,2% of patients suffer from seborrhea.

77,7% of women have menstrual irregularity, mostly from menarche, 57,1% of them complain of long periods without menstruation, accounting for 21,4% with such periods over 6 months. The duration of menstrual cycle over 45 days was common for 35,7% of patients. Ultrasound signs of ovulatory cycles before the treatment were found only in 21,4% of women.

During the course of treatment the indicators of the efficacy and the toxicity of flutamide were evaluated. There were no elevation of aminotransferase levels over the reference interval.

Skin effects due to antiandrogenic action of flutamide were present in 94,4% of cases. 71,4% of patients with menstrual irregularity reported normalization of the menstrual cycle. 45,5% of women with anovulatory cycles before treatment (established due to ultrasound examination) have shown signs of ovulation during next ultrasound control examinations.

CONCLUSIONS

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Flutafarm administration have potential effect on menstrual cycle normalization in patients with hyperandrogenia. However, this effect should be investigated properly to include flutamide into clinical recommendations and practical guidelines.