HORMONAL REPLACEMENT THERAPY AFTER SURGICAL MENOPAUSE

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Bilateral oophorectomy performed before menopause causes profound changes in the female, an immediate sign of which is the fall of sex hormones concentrations. Along with hormonal changes, abnormalities in metabolism, osteoporosis, vasomotor, circulatory, psychosomatic and sexual disturbances arise, consisting in this way the menopausal syndrome.

The present study aims at determining: 1. the frequency of some menopausal symptoms following surgical castration; 2. the serum concentrations of FSH, LH, oestradiol (E2), uric acid and their relation to these symptoms, and 3. the effect of estrogen replacement therapy (ERT) on the investigated symptoms.

FSH, LH, E2 and uric acid concentrations were investigated in 45 women undergone total hysterectomy with bilateral adnexectomy for benign gynecological diseases. Blood samples were taken right before the surgery, 10 days, 3 months and 6 months later. Patients were randomly distributed in two groups. The study group consisted of 25 women who were treated with Progynon Depot 10 mg i.m. twice monthly since the middle of the first till the end of the sixth month after the operation. The patients in the control group (20) have not been treated hormonally. No significant difference between both groups average age, education and social statute was found out. The relations between the E2 and uric acid serum levels and vasomotor complaints (hot flushes, night perspirations), sexual disturbancies (libido, vaginal lubrication, coitus frequency and orgasm) and depression were analysed. All the patients were interviewed and informed consent was obtained. Selfrating depression scale of Zung was used. Variance analysis and check up hypothesis test were applied to assess the data obtained.

E2 drops to a very low level (from 323 to 18 pmol/l) immediately after the operation. In the control group these concentrations remain approximately at the same level (24-30 pmol/l) while in the estrogen treated group E2 rises back to the premenopausal values. Ten days after the oophorectomy FSH and LH serum concentrations rise steeply 5-6 times (24 μg/l and 23 IU/l, respectively). In the control group these values rise twice till the end of the first month and
stay at this level till the end of the investigated period. Immediately after the estrogen replacement (ER) FSH and LH drop approximately to the preoperative levels (5 μg/l and 12,4 IU/l). 28% of the women with ER had vasomotor complaints v. s. 85% in the control group. Sexual disordere's frequency is significantly higher (p<0,05) in the untreated group, too (55% v.s. 36%). Symptoms of depression we found equally in both groups - 60%. Correlation between E2 concentrations and vasomotor and sexual complaints was established but great differences in the E2 levels encouraged us to look for other factors influencing on the investigated symptoms. According to Menon et al. (1987), this could be uric acid.

We found significamtly higher serum concentrations in patients with vasomotor complaints (268 μmol/l v.s. 211 μmol/l) (p<0,05). 85% of the patients after surgical castration have menopausal complaints but only 25-30% tend to seek medical advice. ER improves sexual and vasomotor complaints, though it is not only a consequence of the elevated E2 concentrations. The menopausal syndrome is a polysymptomatic complex influenced not only by gonadotrophic and sexual hormones changes but also by different metabolic disorders. The rising female average age and surgical menopause rate make its further investigation up-to-date.