ESHRE 2021 Virtual (26 June – 1 July 2021)

Questions for the speakers

PCC03: Pain in endometriosis and adenomyosis

Clinical pain management (medical and surgical) - Simone Ferrero (Italy)

Q: What contraceptive advice do you give to patients using NETA? Dosage of progestogen is higher than in POP, is there a need to use added contraception?

A: I inform the patients that NETA is not a contraceptive and, therefore, other non-hormonal contraceptive methods must be used during treatment

Q: What is the first choice oc or progestin?

A: There is no evidence that one OC or progestin must be recommended as a first-choice treatment. Concerning progestins, I use NETA at first-line therapy based on my personal experience.

Q: After surgical removal of all visible lesions in deep infiltrating endometriosis – do you always recommend (adjuvant) hormonal treatment?

A: Yes. Only patients desiring to conceive do not receive the advice to use postoperative hormonal therapy.

Q: Regarding DGN dosage do you think 4 mg is better than 2 mg per day?

A: I do not have experience with the 4 mg/day dose. In my country (Italy), DNG is administered only at the daily dose of 2 mg.

Q: For the adenomyosis with deep endo patients Mirena plus progestin is it useful?

A: The levonorgestrel-releasing intrauterine device is the first-line treatment in patients with endometriosis and adenomyosis.