

Menstrual Function in Women with Cushing's Disease (CD)

Komerdus I., Akulkina L., Chekanova A., Dreval A.

Moscow Regional and Research Clinical Institute n.a. M.F. Vladimirovsky

Background

menstrual abnormalities (MA) can be the first sign of the Cushing's disease (CD)

Aim

to assess the structure of MA before and after treatment of CD.

Material and methods

Laboratory and instrumental data of 28 women with CD 39[31.8;43.5] y.o., before and 3.5 [2;5.5] years after treatment.

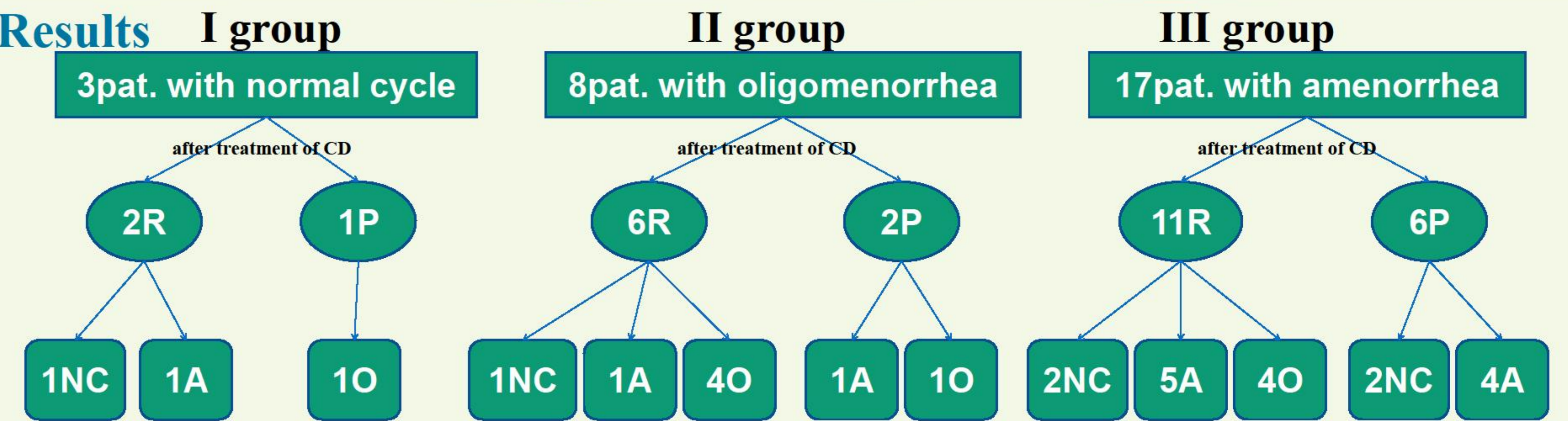
Initially (before treatment) patients were subdivided into 3 groups:

I-with normal cycle(NC); cycle duration 26-30 days, 3(10.7%) patients

II- oligomenorrhea (O), 31-120 days, 8 (28.6%) patients

III- amenorrhea (A), > 120 days, 17 (60.7%) patients

Results



NC- normal cycle, O- oligomenorrhea, A- amenorrhea, R- remission of CD, P- persistence of CD

Fig.1. Menstrual function before and after treatment of CD

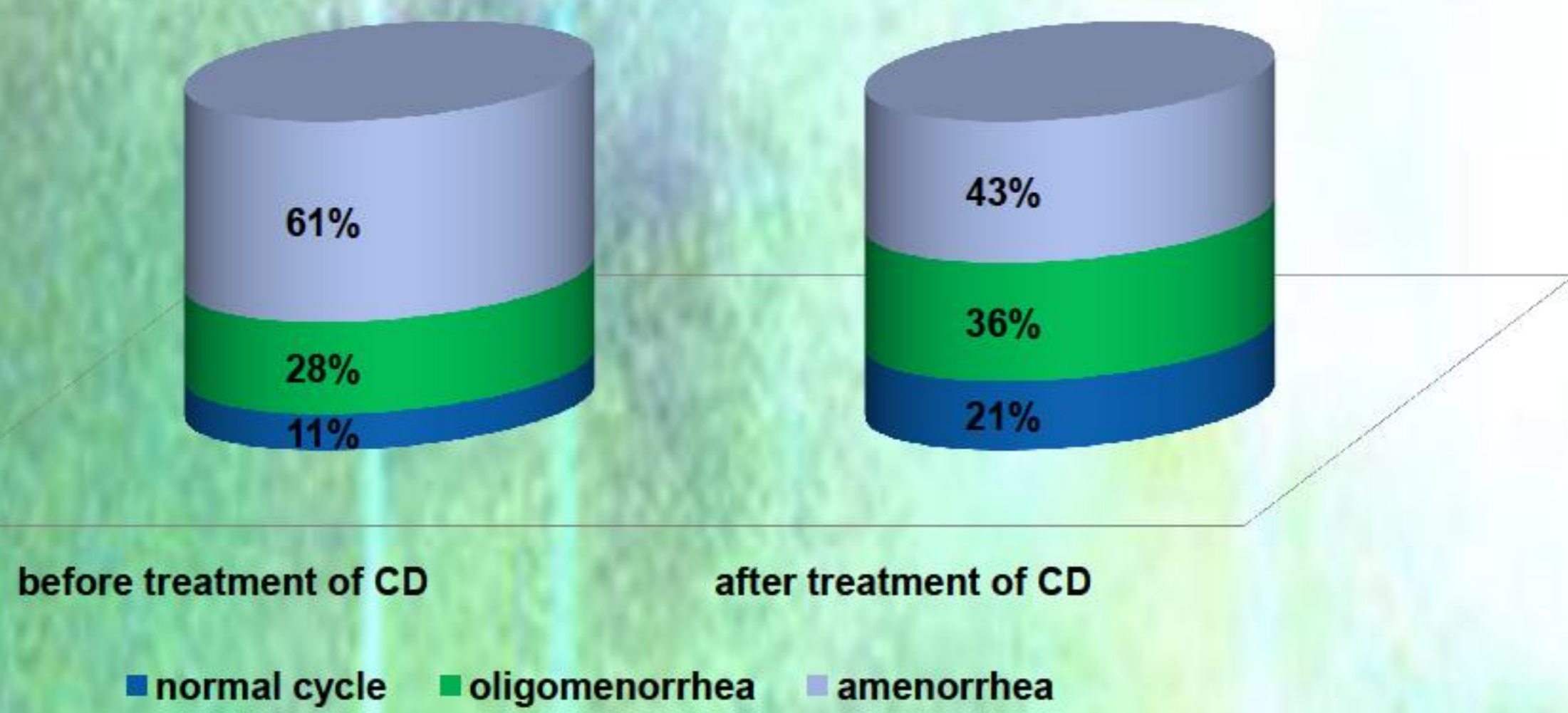
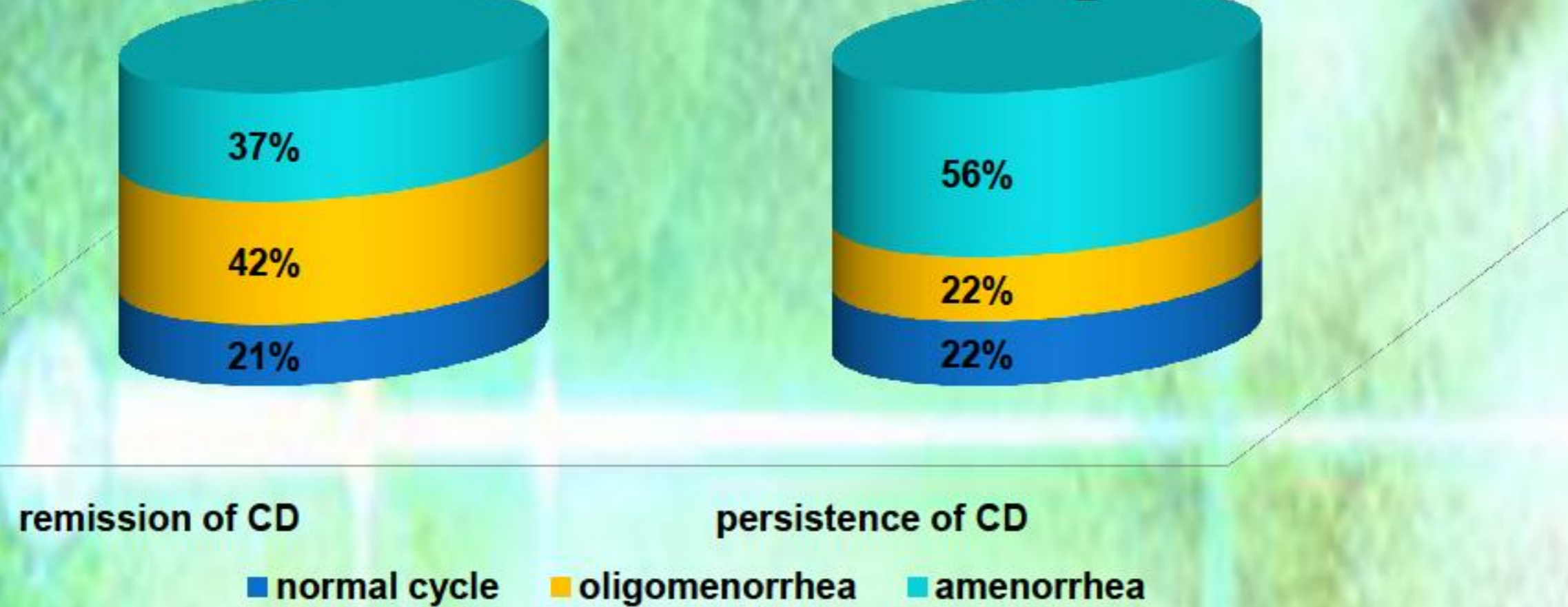


Fig.2. Menstrual function with remission and persistence of CD



Results

In overall after treatment of Cushing's disease, normal cycle had 6 women (21%), oligomenorrhea – 10 women (36%), amenorrhea -12 women (43%) (fig.1. and fig.2.).

Patients with remission and amenorrhea were significantly older ($p < 0,01$) and had less weight loss ($p < 0,05$) after treatment of Cushing's disease, than patients with remission and normal cycle.

Pituitary insufficiency did not correlate with menstrual abnormalities. Spontaneous pregnancy occurred in 2 patients with remission of Cushing's disease and oligomenorrhea.

Conclusion

Menstrual abnormalities are common both before and after treatment of CD. Women with remission and women with persistence of CD have not any differences in frequencies of MA. Spontaneous pregnancy occurred in 2 patients with remission of CD.



Pat A., 35 y.o. before and 6 month after treatment of CD.



Pat A. four years after treatment for CD with her newborn son. She had amenorrhea before treatment. Normal cycle restored right after transsphenoidal adenomectomy (TA). Secondary adrenal insufficiency and secondary hypothyroidism were diagnosed after TA as well. She had 2 missed abortion during first 1.5 years after TA and only third pregnancy was normal.

Contact information:

Moscow Regional and Research Clinical Institute n.a. M.F. Vladimirovsky



Irina Komerdus: komerdus@yahoo.com