

Megestrol Acetate

=Abstract=

Treatment Efficacy of High-Dose Megestrol Acetate (Megace[®]) in Young Women with Early Stage of Endometrial Carcinoma

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The effectiveness of progestogens in advanced and recurrent endometrial carcinoma has been widely accepted. But the use of progestogens in young women with early stage of endometrial carcinoma (Stage Ia) is controversial. Some authors reported that progestogens alone therapy improved or cured the endometrial pathology in young patients with early stage of endometrial carcinoma. The response to the progestogens has known to be better in cases of early stage, well-differentiated histologic type and narrow depth of invasion.

We used the high-dose megestrol acetate (Megace[®]) as the primary treatment in four young women with early stage of endometrial carcinoma (Stage Ia) for the purpose of saving the fertility. We made the patients to have 320-400 mg of Megace[®] per day for 3 months, and then repeated the endometrial curettage for the purpose of finding changes of endometrial pathology. Three cases revealed no response to the Megace[®], so they were operated later. One case showed the resolution of endometrial pathology and delivered a baby following therapy. There have been no evidences of clinical recurrence in all cases.

Even though the therapeutic efficacy is limited, high-dose therapy with megestrol acetate can be used as primary therapy in young women with early stage of endometrial carcinoma.

Keywords: Megestrol acetate, Endometrial carcinoma, Fertility

가 가 .13)

, 40

가 가

.23)

가

가

가

* 1997 10 17
* 1997

(02-97-093)

가 : 가

1992 .

“

” , : 1996 10

,

(complex endometrial hyperplasia without atypia)

.46) Provera[®]

1996 12

가 가

가 , Provera[®]

.78) , : 72 kg, 156 cm

, 110/70 mmHg .

가 가 18 mm

.9) . MRI

가

, 가

(endogenous hormonal

status) , estrogen : , Stage Ia

: Megace[®] 160

antiestrogenic ,10) mg 2 3 . Me-

re-orientation gace[®] 72 kg 93 kg

.11-13)

megestrol 가

acetate antiestrogenic effect 가 : , ,

, ,

가 가

megestrol acetate

.

:

.

가 .

< 1>

: , 36

:

: 0-0-1-0, 1987 10 1

: 13 , 28 30

1992

.

< 2>

: , 37

:

: 0-0-1-0, 1996 9 () 1

: 17 ,

2 4 : 1995 4 : 60 kg, 160 cm, 120/80 mmHg .

2 : 1996 4 1992 3 가 .

(OHSS) . 1996 9 : Megace[®] 400 mg 3 , Stage Ia 10 . 3

(endometrioid type) . 1993 : 73 kg, 162 cm, 2 130/80 mmHg . CT

: , Stage Ia : Megace[®] 160 mg 2 3 , , . 3 가 .

: , , . : , 가 .

: , .

< 3> : , 32 : : : 0-0-0-0 : 17 , 4 : 1991 10

(adenoacanthoma) . (Fig. 1). : 55 kg, 153 cm 110/70 mmHg .

Fig 1. Moderately- differentiated endometrial adenocarcinoma.

가 , 가 .5)

stage Ia, grade I

.6)

estrogen
receptor(ER), progesterone receptor(PR)
가
, PR 가
.17-20)

ER PR

estrogen PR
ER
, PR 가
estrogen modulation
가 . Kirstner
(1959)

regression decidua
가 stroma

- .11) Kelley Baker(1961) .22)
- secretory change가 Kelley Baker(1961)
(Delalutin[®], Colprone 1/3 가 가
[®], Megace[®]) 가 .12) Podratz (1985) 11.2%
ER PR 가 (Delalutin
PR 1 [®], Colprone[®], Megace[®])
, ER 2 .20)
- 가가 , 가
.10) Megace[®] 320 400 mg 3
4 1
가
가
1 3 4 500 1000 mg Delalutin[®]
, 2
4 40
megestrol acetate (Megace[®])
.5) 2 3
, 2
. Bokhman (1985) 1. Megace[®] 1 4
28 19 1 stage Ia 3
hydroxyprogesterone caproate 25 , 1
83 g Megace[®]
.7) Thornton (1985) 2. Megace[®] 3
23 가 4
norethisterone 10 mg 2 3
가
.8) 3. Megace[®] 1
가
.21) Vergote stage I stage II
가
가

Table 1. Patient characteristics

	Case 1	Case 2	Case 3	Case 4
Age	36	37	32	27
Parity	0-0-1-0	0-0-1-0	0-0-0-0	0-0-1-0
Chief complaint	Vaginal bleeding, Infertility	Infertility	Infertility	Infertility, Abnormal D/C/B
Height (cm)	156	162	160	153
Weight (kg)	72	73	60	55
Blood pressure (mmHg)	110/70	130/80	120/80	110/70
Initial D/C/B	Adenocarcinoma*	Adenocarcinoma*	Adenoacanthoma	Adenocarcinoma †
CT or MRI	No myometrial invasion and lymph node involvement			

*Well differentiated adenocarcinoma.

†Moderately differentiated adenocarcinoma.

Table 2. Results of high-dose Megace® therapy and further management

	Case 1	Case 2	Case 3	Case 4
Follow-up D/C/B	Not done	Adenocarcinoma †	Adenoacanthoma	NED#
Operation*	TAH+BS+LN+POM	TAH+BS+LN	TAH+RSO+LS+LN	Not done
Final pathology	Adenocarcinoma ‡	Adenocarcinoma ‡	Adenoacanthoma †	Not done
Recurrence	NED	NED	NED	NED Delivery\$

*TAH: total abdominal hysterectomy; BS: bilateral salpingectomy; LN: lymph node dissection; POM: partial omentectomy; RSO: right salpingo-oophorectomy

†Well differentiated.

‡Moderately differentiated.

#No evidence of disease.

\$She delivered a baby following therapy.

, Megace®

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