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VI. International Congress of the Turkish-German Gynecological Association

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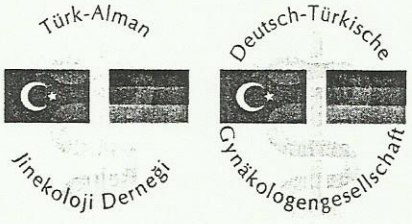

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METHODS: In this prospective controlled study, 61 perimenopausal women were randomly allocated to either tibolone (n=28) 2.5 mg /day for 28 days, or 0.625 mg conjugated estrogens for 25 days, plus 5 mg medroxyprogesterone acetate (n=33) daily on days 16 to 25. The differences of serum lipid profiles (Cholesterol, Triglyceride, HDL-cholesterol, LDL-cholesterol, and VLDL-cholesterol) before and after one-year treatment of both regimens were compared.
RESULTS: Baseline demographic characteristics were similar in groups. In sequential estrogen and progesterone group, a statistically significant increase was measured in HDL levels after treatment (49.1 mg/dL vs 56.8 mg/dL, p=0.023).
CONCLUSIONS: Conjugated estrogen and medroxyprogesterone acetate therapy induces favorable changes in HDL-cholesterol comparing to tibolon in perimenopausal women.
KEY WORDS: lipid profile, tibolon, sequential estrogen and progestogen, perimenopause

Poster-Menop-004

Comparison of office diagnostic-operative hysteroscopic findings of women with/without postmenopausal bleeding

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OBJECTIVES: First to assess the role of office hysteroscopy in postmenopausal women and second to compare diagnostic – operative office hysteroscopic findings of the patients who had postmenopausal bleeding with patients whose endometrium was ≥5 mm.
METHODS: In this prospective study, 370 postmenopausal women complaining with bleeding in group A (n=206) and having endometrium of ?5mm in group B (n=164), and aged 40-76 years were underwent office diagnostic-operative hysteroscopy.
RESULTS: Diagnostic office hysteroscopy was successful in 96.2% of the cases. Operative hysteroscopy was performed in 226 cases. There were 5 endometrial cancer cases all of which were raised from the polyp surface. The difference between the groups was not statistically significant with regard to endometrial polyp, atrophic endometrium, endometrial hyperplasia and submucous myoma.
CONCLUSIONS: Patients with postmenopausal bleeding had similar hysteroscopic findings with patients whose endometrum was ≥5 mm. This might be due to similarity of patients between the groups at enrollment particularly number of patients who were under hormon replacement therapy.
KEY WORDS: office hysteroscopy, psotmenopausal bleeding, operative hysteroscopy

Poster-Menop-005

Monitoring treatment of postmenopausal osteoporosis: bone mineral density versus pyridinoline and deoxypyridinoline

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OBJECTIVES: To compare bone mineral (BMD) density and two bone resorption markers pyridinoline (PD) and deoxypyridinoline (DPD) in order to assess response to alendronate therapy in patients with postmenopausal osteoporosis.
METHODS: Thirty women attending to menopause clinic of Ankara Educating and Research Hospital were studied. They received alendronate (10 mg/day) for 6 months. Urinary markers of bone resorption (PD and DPD) were detected at baseline and 6 months after the start of therapy. BMD of lumbar spine (BMDS) and proximal femur (BMDF) were measured at baseline and 12 months after the start of therapy.
RESULTS: The mean difference of change in BMDF was significant ($p<0.05$) whereas no significant change was found in BMDS. Both of the urinary markers of bone resorption (PD and DPD) showed significant response to alendronate therapy ($p<0.05$ and $p<0.01$, respectively). Of these parameters, most prominent change was in the DPD.
CONCLUSIONS: Urine DPD is more useful than urine PD and BMD to evaluate the rate of change in bone turnover during the early periods of treatment of postmenopausal osteoporosis.
KEY WORDS: postmenopausal osteoporosis, bone mineral density, pyridinoline, deoxypyridinoline

Poster-Menop-006

Lipid profiles in women with premature ovarian failure due to unknown causes and those following surgery

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OBJECTIVES: Women with premature ovarian failure (POF) have a higher risk of cardiovascular disease (CVD). The etiology of idipathic POF is not well defined. However, evidence suggests that idiopathic POF is the consequence of processes that differ from those leading to natural or surgical menopause. Therefore, early age at menopause may not be the only reason for the high risk of CVD and the etiology for this increased risk may differ between the two different clinical entities, i.e. idiopathic POF and surgical POF. Therefore, we aimed to analyze serum lipid levels in these two subgroups of women with POF.
METHODS: Women with POF were retrospectively analyzed, and those who had ovarian failure before the age of 40 years and no history of ovarian surgery or chemotherapy, were included in the idiopathic POF group. Women, who had bilateral oophorectomy before the age of 40 years

served as controls. All women were on cyclic HRT. Lipid profiles and glucose levels of these women were retrospectively analysed.
RESULTS: Age at menopause, duration of menopause, lipid profiles and glucose levels were comparable between groups.
CONCLUSIONS: Lipid profiles, as a risk factor for CVD, are comparable between two different subgroups of women with POF.
KEY WORDS: surgery, lipid profile, premature ovarian failure

Poster-Menop-007

Effects of conjugated equine estrogen and nomegestrol acetate on serum lipid and C – reactive protein levels in healthy postmenopausal women

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OBJECTIVES: To examine the effects of conjugated equine estrogen (CEE) and nomegestrol acetate (NA) on serum lipid and C – reactive protein (CRP) levels in healthy postmenopausal women.
METHODS: The first group consisted of 21 patients taking CEE and medroxyprogesterone acetate (MPA); the second group consisted of 12 patients taking CEE and NA; and the third group consisted of 11 patients taking placebo. Serum total cholesterol (TC), HDL – cholesterol (HDL-C), LDL cholesterol (LDL-C), triglyceride (TG), and CRP levels were examined before, at the third and sixth months of the treatment in all groups.
RESULTS: CEE + MPA decreased serum LDL-C levels by 15%, whereas CEE+NA and placebo did not affect LDL-C levels. CEE + MPA increased serum HDL – C levels by 7% (P=0.02) and by 11% (P=0.003).At the end of the treatment, CEE+NA significantly decreased serum CRP levels (%38, P=0,04). Serum CRP levels increased significantly in the CEE+MPA group during and after the treatment (%75, P=0.006).
CONCLUSIONS: CEE and NA use has beneficial effect on serum CRP levels in health postmenopausal women.CEE and MPA combination has detrimental effect on serum CRP levels.
KEY WORDS: postmenopause, conjugated equine estrogen and nomegestrol acetate, serum lipid, c-reactive protein

Poster-Menop-008

Effects of estrogen, raloxifene, and hormone replacement therapy on serum C-Reactive protein and homocysteine Levels

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[3] CEE and NA use has beneficial effect on serum CRP levels in health postmenopausal women, whereas this regimen shows no significant effect on serum lipid levels. CEE and MPA combination has detrimental effect on serum CRP levels.

OBJECTIVES: To investigate the effects of CEE, CEE plus MPA, CEE plus nomegestrol acetate (NA), and raloxifene on serum high sensitivity (hs - CRP) and Hcy levels in healthy postmenopausal women.
METHODS: A group (22 patients) treated with CEE, 0.625 mg / daily plus MPA 2.5 mg / daily; a group (22 patients) treated with CEE, 0.625 mg / daily plus NA 5 mg / daily; a group (23 patients) treated with raloxifene hydrocloride, 60 mg once daily; and a placebo group (22 patients). Hcy and hs – CRP were measured at baseline and at 3 and 6 months.
RESULTS: CEE and CEE + MPA increased serum hs- CRP levels significantly, whereas CEE+NA decreased serum hs - CRP levels. Raloxifene had no significant effect on serum hs - CRP levels. In all active treatment groups serum Hcy levels decreased significantly compared to baseline and placebo.
CONCLUSIONS: CEE,HRT, and raloxifene lower serum Hcy levels to a comparable extent in postmenopausal women. Hs – CRP is not influenced by raloxifene, whereas CEE and CEE plus MPA significantly increase hs – CRP levels. Treatment with CEE plus NA reduce serum hs – CRP levels.
KEY WORDS: estrogen, raloxifene, hormon replacement therapy, c-reactive protein, homocysteine

Poster-Menop-009

Apoptosis Determined In Raloxifene Treated Post-Menopausal Women

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OBJECTIVES: To evaluate apoptosis using a morphological and DNA fragmentation assay in the peripheral lymphocytes of post-menopausal women treated with Raloxifene and compare it with untreated control subjects.
METHODS: Twenty osteoporotic postmenopausal women treated with Raloxifene for 12 months were included in the study. Another twenty postmenopausal women matched for, age and postmenopausal years, without any medication were chosen as a control group. Apoptosis was evaluated