

Objective

To assess whether short-term Elagolix (1 month) followed by Dienogest maintenance effectively reduces severe endometriosis pain before fertility treatment.

Study Details

Design Prospective observational

Setting Infertility Care & Research Centre, Dhaka

Participants 54 women (severe pain + infertility)



Intervention

Initial Treatment

Elagolix 200 mg BD 1 month



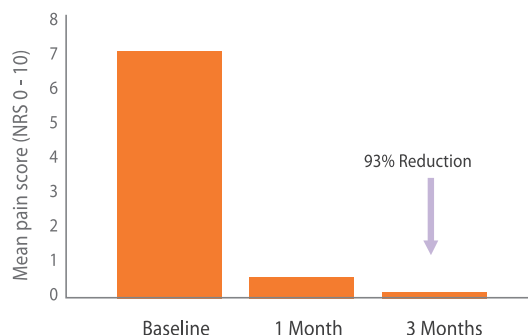
Maintenance Therapy

Dienogest 2mg OD 3 months

Results

Time Point	Range	Mean	SD	p-value
Before treatment	4–10	7.05	± 1.79	<0.0001*
After 1 month of treatment	0–3	0.48	± 0.84	
After 3 months of treatment	0–2	0.11	± 0.37	

Pain score reduction with Elagolix - Dienogest Strategy



Conclusions

Short-term Elagolix induction followed by Dienogest maintenance produced a rapid and significant reduction in severe endometriosis-associated pain (93% reduction, $p < 0.0001$), with sustained control at 3 months. This approach offers an effective and cost-conscious strategy, particularly for patients preparing for fertility interventions.

Ref.: Begum MR, Rashid F, Ehsan N, et al. Shortterm Use of GnRH Antagonist for Severe Pain in Endometriosis. J South Asian Feder Obst Gynae 2025;17(Suppl 3):S293–S296.

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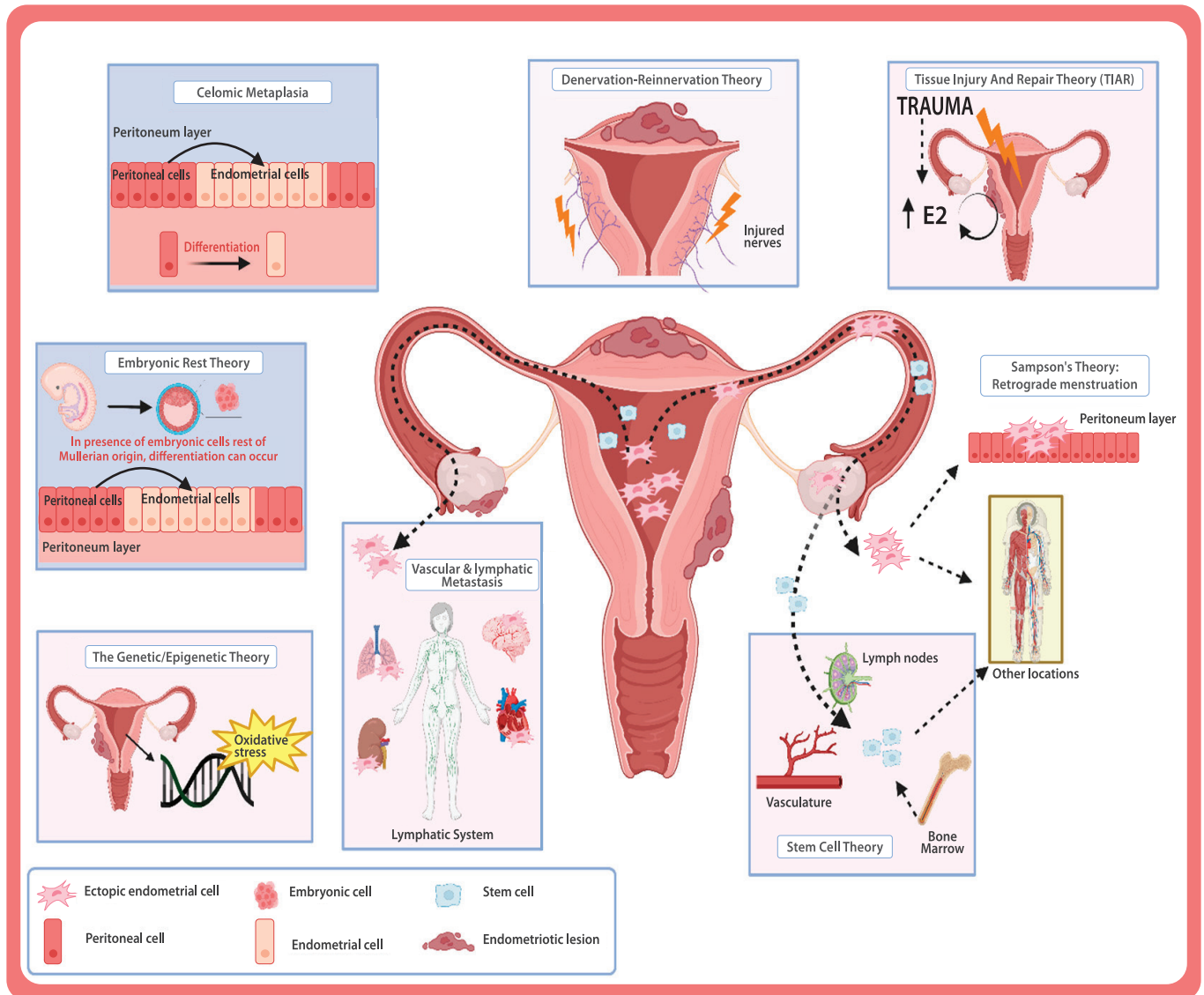
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Theories on the Etiology of Endometriosis

Endometriosis is an inflammatory, fibrotic and estrogen-dependent gynecological disorder characterized by endometrial-like tissue outside the uterus. The etiology of endometriosis is complex and there are several contributing factors leading to the development of this disorder. The following image depicts the major theories that have been put forward to explain the origin of endometriosis.¹



Ref: Ochoa Bernal et. al. (2024) The Known, the Unknown and the Future of the Pathophysiology of Endometriosis. <https://doi.org/10.3390/ijms25115815>.



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