THE EFFECT OF RADIO FREQUENCY IN THE TREATMENT OF PATHOLOGIES OF THE FEMALE REPRODUCTIVE SYSTEM: ENDOMETRIAL POLYPS AND OVARIAN ENDOMETRIOMA

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ABSTRACT

INDIBA® activ 801 equipment was used to treat a 36-year-old woman diagnosed with endometrial polyps and ovarian endometrioma. The diagnosis was made via transvaginal ultrasound. The endometrial polyps and ovarian endometrioma were substantially reduced, as can be seen in the last ultrasound.

INTRODUCTION

The patient, a 36-year-old woman, was diagnosed with endometrial polyps and ovarian endometrioma on 1 June 2016, by transvaginal ultrasound.Her family doctor referred her to the gynaecological service after:

- Two episodes of severe abdominal pain (one in March and another in May), which were mistaken for appendicitis.
- Failing to conceive after 12 months of trying.
- Increased menstrual pain after the birth of her first child.

The ultrasound image shows:
- Uterus: two avascular endometrial polyps, measuring 16 and 11 mm.
- Left ovary: cystic area with dimensions: distance A, 52.4 mm; distance B, 39.8 mm.

Endometrial polyps

The endometrium is the mucous membrane that lines the inside of the uterus (womb). Overgrowth of the endometrium can cause polyps. Polyps are finger-shaped growths adhering to the uterus wall. Their size varies, ranging from as small as a sesame seed to as large as a golf ball. There may be one or more.

The cause of polyp formation is not clear. However, we do know that they tend to grow if there is an increase in oestrogen in the body.

Most endometrial polyps are not cancerous. Approximately 5% may be cancerous or precancerous.

They are often asymptomatic, but symptoms may include:
- Irregular or unexpected menstrual bleeding.
- Unusually long or abundant menstrual bleeding.
- Bleeding between periods.
- Fertility problems.

The following diagnostic techniques are used to diagnose endometrial polyps:
- Transvaginal ultrasound.
- Hysteroscopy.
- Endometrial biopsy.
- Hysterosonogram: a specialised ultrasound technique in which liquid is introduced into the uterine cavity during the ultrasound.

Due to a slight probability of developing cancer, polyps are usually removed. A hysteroscopy is usually performed.

As well as the minor possibility of cancer, endometrial polyps may make it difficult to become or pregnant, or cause miscarriage.

Ovarian endometrioma

An endometrioma is an ovarian cyst originating in the endometrial tissue, containing a thick, sometimes viscous, chocolate-brown liquid. The thick outer capsule of the cyst is formed of fibrous tissue. This tissue is usually generated under the hormonal stimulation and intermittent pain associated with menstruation. The causes of ovarian endometriomas are unknown.

An ovarian endometrioma may be suspected if the patient presents any of these symptoms:
- Pelvic pain
- Dysmenorrhea
- Dyschezia
- Dyspareunia
- Abnormal uterine bleeding
- Sterility
- Alternating constipation and diarrhoea, accompanied by the sensation of a “bloated abdomen” and nausea
- Pain in the lumbar region, radiating down the legs

Transvaginal ultrasound is used for the diagnosis. There is a characteristic image of the endometrioma, but it may occasionally be mistaken for a corpus luteum of the ovary.

Medical treatment is symptomatic, and usually consists of administration of:
- Non-steroidal anti-inflammatory drugs
- Progestogens
- Androgens

Surgery may involve excision, laser vaporisation, or electrocoagulation.

Our objective with the INDIBA® activ treatment is to help the body to normalise the endometrial tissue, eliminate the fibrosis and reabsorb the cysts.

MATERIALS AND METHOD

INDIBA® activ 801* radio frequency equipment was used.

From 16 August 2016 to 20 September 2016, the patient underwent a 30-minute treatment once a week, with a total of 6 sessions.

The treatment regimen was:
- **CAP 5 min IAS7-8**
- **RES 20 min IAS7-8**
- **RES 5 min IAS 0**

The return plate was placed in the ischial region (patient seated) and the electrodes were applied on the lower abdominal region (between the ASIS).

RESULTS

The diagnostic transvaginal (basal) ultrasound showed an ovarian endometrioma measuring 52.4 mm (A) by 39.8 mm (B) and 2 endometrial polyps measuring 16 and 11 mm (Figs 1, 2, and 3)

In the last transvaginal ultrasound (20 September 2016), after 6 radio frequency sessions, the image changes to a cystic area measuring 21.1 mm (A) by 15.7 mm (B), presenting a single 7.3 mm formation (Figs 4 and 5).

The patient also reports less pain and fewer days of bleeding in the last menstruation.

Tolerance of the treatment was good, with no undesirable subjective effects reported.

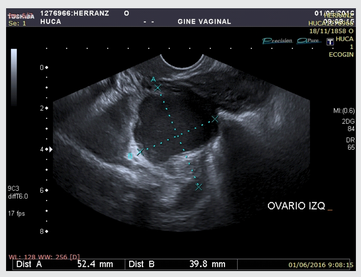

Figure 1: Basal ultrasound assessment. Diagnosis: endometrioma in left ovary

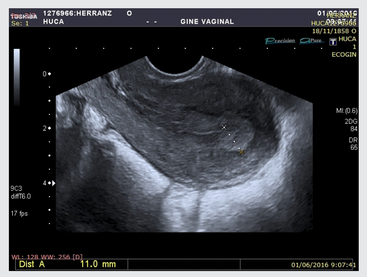

Figure 2: Basal ultrasound assessment. Diagnosis: 11 mm uterine polyp

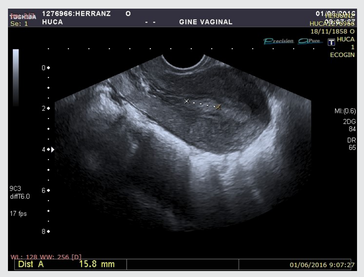

Figure 3: Basal ultrasound assessment. Diagnosis: 16 mm uterine polyp

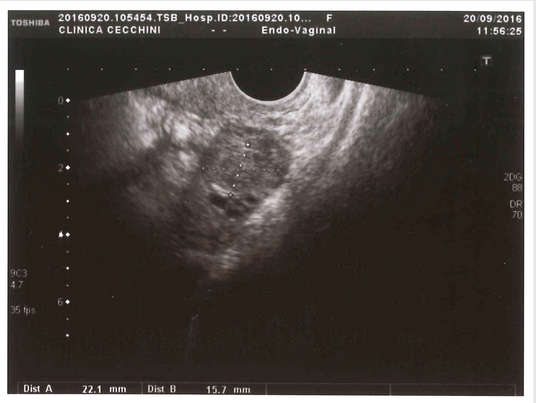

Figure 4: Final ultrasound assessment. Endometrioma in left ovary

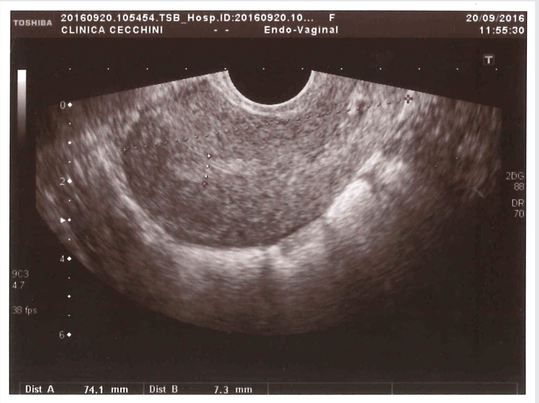

Figure 5: Final ultrasound assessment. 7.3 mm uterine mass

DISCUSSION AND CONCLUSIONS

Treatment with INDIBA® activ 801 has objectively shown its effectiveness in the controlled treatment of a patient diagnosed with an ovarian endometrioma and endometrial polyp in ultrasound monitoring.

Tolerance of the treatment was good.

While the treatment was short-term over just 6 sessions, this control case indicates these pathologies of the female reproductive system can be successfully treated with radio frequency equipment.

* INDIBA SA, Sant Quirze del Vallés, Barcelona

3rd INDIBA Meeting Day, Oviedo, 22 October 2016