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Case Report

Inhibitory effect of traditional Korean medicine on the recurrent endometriosis after laparoscopic excision: a case report

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ABSTRACT

Endometriosis is a common benign gynecologic tumor, and it can destroy a patient's life. Surgery and hormone therapy are established therapies for endometriosis. However, there are many cases of recurrent endometriosis after conventional therapies. This report presents a case of a patient who has repetitive recurrence of endometriosis after laparoscopic excision and hormone therapy. A 32-years-old female patient first had laparoscopic surgery to remove endometriosis in 2011. The disease recurred two more times after the first excision. Hormone therapy by dienogest and two more laparoscopic surgeries were done in 2012 and 2014. With acupuncture, moxibustion, fumigation therapy, and herbal medicine therapy, endometriosis didn't recur during treatment and observation period of 34 months. Menstrual pain numeric rating scales (NRS) decreased from 2 to none. Shortened menstrual cycle (24 days) after second surgery became longer (26.63 ± 2.28 days) after traditional Korean medicine therapy. This case presents the therapeutic potential of TKM for inhibitory effect on the recurrent endometriosis after laparoscopic excision and hormone therapy.

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1. Introduction

Endometriosis is a condition, in which endometrial cells grow outside of the uterus.¹ It is a common gynecological disease to such a degree that its prevalence ranges from 2% to 22% in asymptomatic women and from 40% to 60% in women with dysmenorrhea.² Endometriosis patients are faced with

an illness which destroys physical, mental and social well-being and up to 50% of patients experience infertility.^{3,4} The definitive diagnosis of endometriosis is based on laparoscopy. Laparoscopic excision is also important for the treatment of endometriosis.⁵

However, about 40% to 75% of patients experience recurrence within 5 to 6 years after the first operation.⁶ J.A. Abbott's

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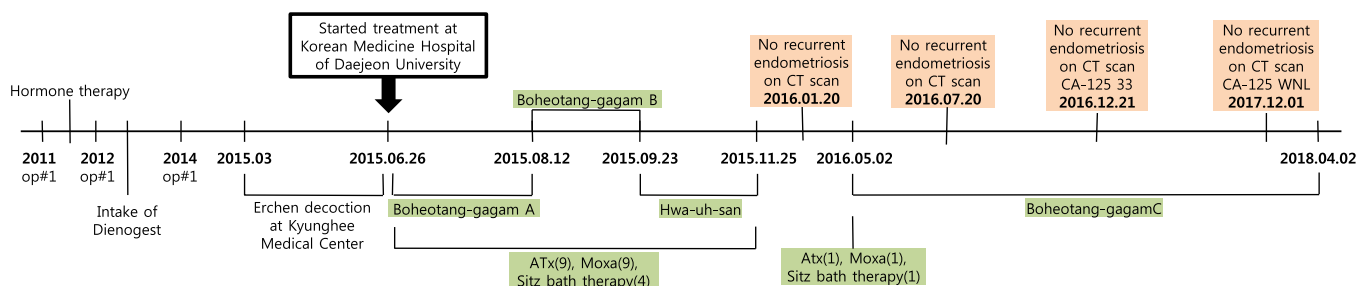


Fig. 1 – The timeline of endometriosis treatment. ■ : therapeutic interventions. ■ : diagnostic examinations. Date is in the order of year, month, and day (YYYY.MM.DD).

study reports that 36% of the patients who had underwent laparoscopic surgery for endometriosis received additional surgery within 5 years of the initial operation. 68% of them had histological recurrence or remaining endometriosis.⁷

According to the American Society for Reproductive Medicine, endometriosis is a chronic disease that requires long-term care to prevent recurrence.⁸ Conventionally, medication is commonly used to inhibit recurrence of post-operative endometriosis, but due to hypoestrogenism-related side effects long-term use of most medications is limited.⁶

This study suggests the successful prevention of recurrence without adverse effect through treatment with traditional Korean medicine (TKM) only in a patient who underwent several laparoscopic surgeries and hormone therapy for endometriosis. This case report could suggest the possibility of prevention of recurrent post-surgical endometriosis through TKM treatment.

2. Case report

2.1. Patient characteristics and medical history

A single, 32-year-old woman attended an Oriental hospital with recurrent endometriosis after conventional treatment. Before the study, agreement on personal information was signed by patient, and the study was approved by the Institutional Review Board at Dunsan Korean medicine hospital of Daejeon University (Deliberation Number: DJDSKH-18-E-04). She received the first laparoscopic surgery in 2011. Endometriosis recurred in 2012 and 2014, and the patient went through two more laparoscopic surgeries and completed intake of Dienogest (DNG, product name Visanne), an oral progestin. She chose the TKM treatment to prevent recurrence and to manage the symptoms after the 3rd surgery.

She was pattern-diagnosed with Phlegm-Dampness at the department of TKM gynecology at Kyunghee Medical Center and had taken Erchen decoction for three months before coming to the Korean Medicine Hospital of Daejeon University on the 26th of June, 2015.

The patient complained of fear of repetitive recurrence, shortening of menstrual cycle (from 28 to 24 days after the second operation), mild lower abdominal and lower back pain during menstruation, clotting menstrual blood, and discharge of leucorrhoea. The pulse diagnosis revealed a string-like pulse

and there was no fur on the tongue during the tongue diagnosis.

The patient had a history of removing a liposarcoma in the bladder, and had fibroadenoma. A uterine myoma sized 1 cm, an ovarian cyst and small uterine polyps were discovered in 2016 and were being observed as well.

2.2. Diagnosis and outcome evaluation

A definitive diagnosis of recurrent endometriosis requires laparoscopy. However, because of ethical and practical problems, it is estimated through recurrence of pain or lesion site on ultrasound, MRI or CT.⁶ The serum CA-125 measurement is a useful marker for predicting recurrence of endometriosis.⁹ In this case, during the TKM treatment, the recurrence was checked through CT scan, recurrence of pain, and serum CA-125 measurement.

The improvement of the patient's general condition was evaluated by checking menstrual pain, the menstrual cycle, and the existence of blood clots in the menstrual blood. Menstrual pain was measured with a numeric rating scale (NRS, 0=None, 10=Unbearable pain). The TKM pattern-diagnosis was performed based on the shape of body type, ordinary symptoms, pulse diagnosis and tongue diagnosis.

2.3. Treatment and progress of symptoms

The patient's pathological state was classified as phlegm-dampness, blood stasis, and qi deficiency in TKM theory. The patient received TKM treatment from the 26th of June, 2015 to the 25th of November, 2015 and from the 2nd of May, 2016 to the 2nd of April, 2018, a total of 29 months at the department of TKM gynecology at Dunsan Korean medicine hospital of Daejeon University. For the initial 10 months, the patient received herbal medicine prescription, acupuncture, moxibustion, and fumigation therapy. The fumigation therapy is a method of exposing the genital area with herbs-infused steam. For the latter 19 months, she received only herbal medicine therapy (Fig. 1).

Herbal medicine was prescribed 27 times during the treatment period. The herbal medicines prescribed for her are Boheotang-gagam and Hwa-uh-san with additional powder form medicine according to symptoms. For the first three months, three rounds of Boheotang-gagam A were prescribed and two rounds of Boheotang-gagam B in concoction form were prescribed to deliver concentrated treatment. After the

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