

SAFETY OF DANAZOL IN IDIOPATHIC THROMBOCYTOPENIA

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Danazol is now considered as the pharmacological treatment of choice in endometriosis, although the action of this drug is yet not completely understood. Recent investigations have also supported the use of lower doses of this drug to obtain best results. Until now danazol has not been used in particular conditions and possible adverse effects are not known.

Here the first case of danazol treatment of endometriosis in a patient with severe idiopathic thrombocytopenia is reported.

During treatment particular attention was devoted to platelets monitoring because the lack of information on possible effects of this drug in thrombocytopenia.

CASE REPORT

M. S., unmarried, para 0, gravida 0, 20 years old, came to consultation after unsuccessful surgical and medical treatment of endometriosis in April 1981. The patient was born at term after an uneventful pregnancy. Family history was negative for hematologic disorders. At the age of 9 she underwent splenectomy, immediately after the diagnosis of idiopathic thrombocytopenia was made. Since then the patient assumed corticosteroid therapy when platelets count is decreasing.

Menarche occurred at the age of 11 and following cycles were always regular, although characterized by discomfort and severe bleeding. In February 1980 the patient was admitted elsewhere in a gynecological clinic, because complaining persistent lower abdominal pain. The gynecological examination revealed the presence of a cystic pelvic mass (fetus' head at term). At laparotomy the left ovary was transformed in an endometriotic cyst of 12 cm in diameter. The right ovary showed three endometriotic cysts of about 2 cm in diameter. Uterus and tubes were normal and other endometriotic foci were not observed. Left ovariectomy and partial resection of the right ovary were performed. The laparotomy was complicated by extensive bleeding. Thereafter an estrogen-progestin medication was given to the patient and continued until November 1980. During a gynecological control in January 1981 a mass was appreciated right and ultrasound examination revealed an ovarian cyst of 5 cm in diameter.

In May 1981 the patient came to consultation and danazol therapy was started at the beginning of June 1981. Daily administration of 400 mg (200 mg \times 2) for 6 months was given (until

SUMMARY

A case of endometriosis treated with danazol in a patient affected by idiopathic thrombocytopenia is first reported. Danazol did not lead to adverse effect on platelets count.

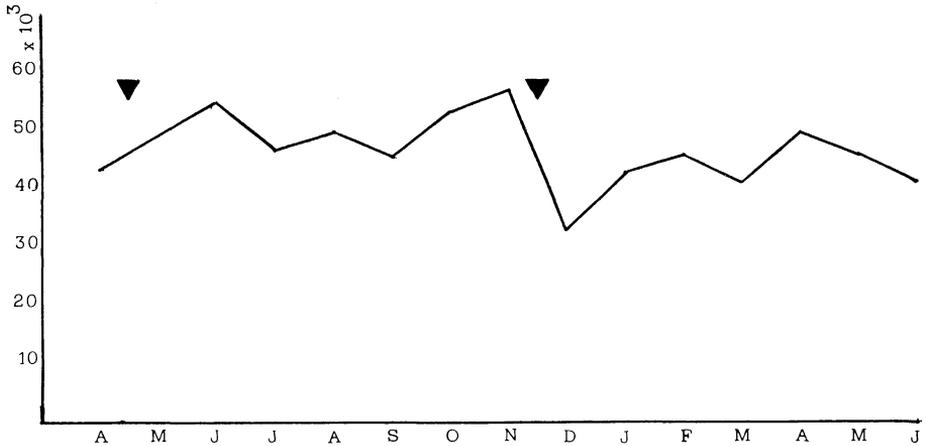


Fig. 1. — Monthly platelets counts before during and after danazol therapy.

December 1981). During therapy the patient did not complain side effects and was symptoms free. No bleeding occurred. Particular attention was devoted to platelets count, without observing any alteration, as shown in Table 1. The patient is until now symptom free and repeated ultrasound examinations showed a marked reduction of the ovarian cyst.

Danazol therapy did not lead to adverse effect on thrombocytopenia in the reported

case. During therapy a slight elevation of platelets count was observed, which can be due perhaps to the corticosteroid action of danazol, whereas immediately after the stop of therapy a decrease was noted.

Although further investigations are needed, it should be emphasized that danazol can be successfully used in idiopathic thrombocytopenia in all safety.