

A 10 year longitudinal experience with Estradiol implants for ERT in menopausal hysterectomized women

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Subcutaneous Estradiol Pellet implants for ERT are not new although not very often used. Their main indication is ERT in hysterectomized women.

As a rule 25 to 50 mg of Estradiol 17 β are inserted every 6 months in order to maintain estradiol (E2) plasma levels between 80 to 120 pg/ml.

This is a longitudinal study over a 10 year period in 150 women.

Instead of routinely repeating the implants every 6 months we decided not to do it unless E2 plasma level were below 50 pg/ml and estrogens deficiency symptoms were present.

In so doing we found out that most patients only needed another implant between 8 to 12 months apart. Quality of life, blood lipids and bone mineral densities were all maintained. No vascular or breast side effects were seen.

Other authors have reported what they called "tachyphylaxis" meaning that there is a tendency to shorten the interval of implants and to increase the dose.

In our opinion this is due to the fact that they do not perform estradiol assays and that very often another implant is inserted when plasma levels are still high and no deficiency symptoms are yet present.

We are now conducting a study in women with uterus in whom we insert a progestagen medicated IUD prior to E2 implants. From our still limited experience it seems that this may become the safer and most convenient strategy for ERT.