



Figure 1 Receiver-operating characteristic (ROC) curve for the evaluation of CA-125 concentration, RMI, and Ferrazzi score in predicting ovarian malignancy in premenopausal women referred for endoscopic management of adnexal masses.

References

- [1] Jacobs I, Oram D, Fairbanks J, Turner J, Frost C, Grudzinskas JG. A risk of malignancy index incorporating CA 125, ultrasound and menopausal status for the accurate preoperative diagnosis of ovarian cancer. *Br J Obstet Gynecol* 1990;97:922–9.
- [2] Bailey J, Taylor A, Naik R, Lopes A, Godfrey K, Hatem HM, et al. Risk of malignancy index for referral of ovarian cancer cases to a tertiary center: does it identify the correct cases? *Int J Gynecol Cancer* 2006;16(Suppl 1):S30–4.
- [3] Ferrazzi E, Zanetta G, Dordoni D, Berlanda N, Mezzopane R, Lissoni A. Transvaginal ultrasonographic characterization of ovarian masses: comparison of five scoring systems in a multi-center study. *Ultrasound Obstet Gynecol* 1997;10:192–7.
- [4] Andersen ES, Knudsen A, Rix P, Johansen B. Risk of malignancy index in the preoperative evaluation of patients with adnexal masses. *Gynecol Oncol* 2003;90:109–12.

Pyridoxine (vitamin B6) therapy for premenstrual syndrome

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A double-blind, randomized, controlled trial was performed with 160 university students from the same dormitory who had premenstrual syndrome (PMS) according to self-recorded symptoms for 3 consecutive cycles [1]. These 160 women were randomly assigned to 2 groups, and the results of the 94 who thoroughly complied with the trial's protocol (46 women in the pyridoxine [vitamin B6] group and 48 in the placebo group) were analyzed.

Pyridoxine and placebo tablets were manufactured by the same factory and had the same shape, color, and taste. The recording sheet included the 17 symptoms (11 behavioral and 6 somatic) listed in the American Psychiatric Association (APA) questionnaire [2]. For the diagnosis of PMS, at least 1 behavioral and 1 somatic symptom were necessary. After the first 3 cycles of simply recording their symptoms, the participants took a daily tablet containing either 80 mg of pyridoxine or placebo from the first day of the fourth cycle through the next 2 cycles. During this period, they continued to record their symptoms on the recording sheet. The drug's efficacy was judged in the second cycle of use.

There were no statistically significant differences between the 2 groups regarding the number of symptoms and severity of PMS. The most prevalent symptoms in both the pyridoxine group and placebo group were irritability (87%) and depression (87.5%). The symptoms of moodiness, irritability, anxiety, depression, forgetfulness, unreasonable crying (shedding tears), dizziness, fatigability, candy craving, increased appetite, palpitations, breast tenderness, bloating, and edema significantly decreased after treatment with pyridoxine, and among these symptoms anxiety showed the greatest reduction (mean±SD reduction, -0.22 ± 0.35). In the placebo group the

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Table 1 Total score changes in women with premenstrual syndrome (PMS) treated with pyridoxine or placebo

	Pyridoxine group	P value (paired <i>t</i> test)	Placebo group	P value (paired <i>t</i> test)	P value (<i>t</i> test)
Total psychiatric score change	-1.26±1.91	<i>P</i> <0.05	-0.60±1.78	<i>P</i> <0.05	<i>P</i> <0.05
Total somatic score change	-0.54±0.63	<i>P</i> <0.05	-0.33±0.70	<i>P</i> <0.05	NS
Total PMS score change	-1.80±2.36	<i>P</i> <0.05	-0.93±2.33	<i>P</i> <0.05	<i>P</i> <0.05

Abbreviation: NS, not satisfactory.

symptoms of moodiness, anxiety, depression, unreasonable crying, fatigability, increased appetite, palpitations, and bloating showed a significant decrease, with anxiety showing the greatest reduction (-0.15 ± 0.35). A comparison between the severity of psychiatric symptoms after treatment with pyridoxine and placebo showed a significant decrease following the 2 forms of treatment (paired *t* test, *P*<0.05), but the reduction was significantly greater in the pyridoxine group (Table 1).

The comparison between the severity of somatic symptoms after and before treatment with pyridoxine and placebo showed a significant reduction after both forms of treatment (paired *t* test, *P*<0.05), but there was no significant difference between the 2 groups (Table 1).

Finally, there was a significant reduction in PMS severity following both forms of treatment (paired *t* test, *P*<0.05), and a comparison between the 2 groups also showed a significantly greater reduction in the pyridoxine group than in the placebo group (*P*<0.05, *t* test).

In conclusion, as a follow-up on the several studies [3,4] undertaken on the effect of pyridoxine on the symptoms of PMS, pyridoxine can be suggested as a treatment for PMS, at least for the psychiatric symptoms.

References

- [1] Speroff L, Fritz MA. Clinical gynecologic endocrinology and infertility. 7th ed. Philadelphia, Pa: Lippincott, Williams and Wilkins; 2005. p. 535–9.
- [2] Osofsky JH, Blumenthal SJ. Premenstrual syndrome: current findings and future directions. Washington, DC: American Psychiatric Press; 1985.
- [3] Wyatt M, Dimmock PW, O'Brien MS. Efficacy of vitamin B-6 in the treatment of premenstrual syndrome: systematic review. *BMJ* 1999;318:1375–81.
- [4] Williams AL, Cotter A, Sabina A, Girard C, Geodmar J, Katz DL. The role for Vitamin B-6 as treatment for depression: a systematic review. *Fam Pract* 2005;22(5):532–7.

Laparoscopic uterine artery occlusion versus uterine fibroid embolization

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Laparoscopic uterine artery occlusion (LUAO) and uterine artery embolization (UAE) have been shown in several large cohort studies to be effective treatments for symptomatic uterine fibroids [1,2]. Minimal data have been published, however, regarding the effects of LUAO and UAE on fertility and pregnancy [3,4].

Pregnancy outcomes following LUAO and UAE were evaluated in a prospective controlled cohort study conducted in the Czech Republic at 3 endoscopic centers overseen by the Czech Society for Gynecological Endoscopy. In the Kladno and

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