Thai Journal of Obstetrics and Gynaecology
December 1998, Vol. 10, pp. 193

EDITORIAL

Progress and problem of Thai Journal of Obstetrics and Gynaecology : a one year report

The current Editorial Committee of Thai Journal of Obstetrics and Gynaecology has completed our duty for one year since January 1998. Following our principle objective of "Regularity and Quality" we have diligently published five volumes of the journal i.e. volume 9: number 4 and volume 10: number 1 to 4, with a total of 55 articles ; 21 obstetric and 17 gynaecological original papers, 4 case reports, 5 special articles and 4 reviewed articles. Today our Editorial Committee requires approximately three months to review and publish the submitted manuscripts on the condition that there is neither a necessity for major correction nor unduly delay in postal communication. This is indeed rapid for publication of a specialised medical journal. However to improve the quality of our journal any submitted manuscript will be more carefully scrutinised in the future. Our contributors should appreciate this measure which will raise the quality of our published articles and also increase the prestige of our Royal College justifying the cost of publication.

It is customary to mail the journal and the Thai language bulletin to all members of the Royal Thai College of Obstetricians and Gynaecologists, free of charge. There is also no fee charging for the articles published. However, high cost of publication and the concurrent decline of advertising sponsors cause considerable financial burden to the College. Some measure may have to be taken to relieve this problem soon.

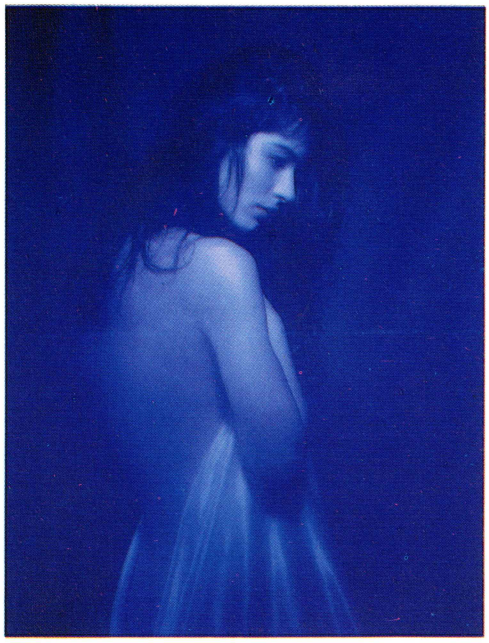
Finally there is a good news that the Executive Board of the Royal Thai College of Obstetricians and Gynaecologists has generously agreed to award one annual prize of ten thousand baht to the best original research paper published in our journal. Good collaboration between contributing authors and the Editorial Committee will undoubtedly continues to improve the quality of our publication to the satisfaction of all concerned.

Professor Anek Aribarg FRCOG
Editor-in-Chief

®Suprefact E

active ingredient : Buserelin

Adjunctive use in ovulation induction



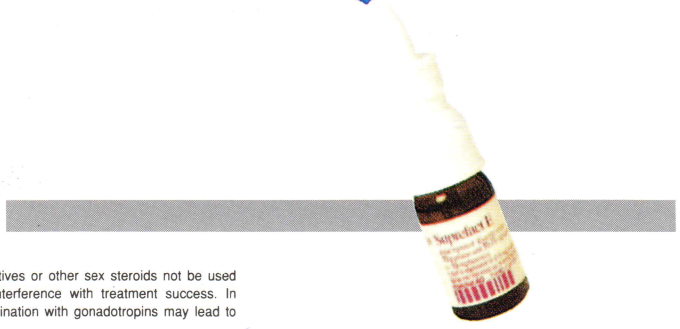
- Prevent a premature LH surge*
- Increase oocyte recovery*
- Increase fertilization rate*
- Increase implantation rate*
- Increase pregnancy rate*

℞ Suprefact E

Nasal spray 600 mcg. daily
or 1,200 mcg. daily for 2-3 weeks
Starting in the follicular phase (day 1 or 2)
or the mid-luteal phase (approx. day 21)
of the cycle

Dosage recommendations

	600 mcg.		1,200 mcg.	
	left nostril	right nostril	left nostril	right nostril
Morning (e.g. 7 a.m.)	1 puff		1 puff	1 puff
Midday (e.g. 12 a.m.)		1 puff	1 puff	1 puff
Early evening (e.g. 5 p.m.)	1 puff		1 puff	1 puff
Late eventing (e.g. 10 p.m.)		1 puff	1 puff	1 puff



Note : 1 puff = 150 mcg.

®Suprefact E

Composition : Each bottle contains, in 10 g. aqueous solution, 15.75 mg. buserelin acetate, equivalent to 15 mg. buserelin, as active ingredient, and benzalkonium Chloride as preservative. One puff contains 0.157 mg. buserelin acetate, equivalent to 0.15 mg. buserelin.

Indications : Endometriosis (unless the disease primarily requires surgical treatment). The diagnosis must be confirmed. Pituitary desensitization in preparation of ovulation induction, as an adjunct to gonadotropin-based regimens.

Contraindications : Pregnancy. Lactation. Hypersensitivity to buserelin acetate and/or benzalkonium chloride.

Precautions : It is recommended to exclude pregnancy before starting treatment, and in ovulation induction regimens to stop Suprefact E on the first day of human chorionic gonadotropin (HCG) treatment. Suprefact E is Patients known to suffer from depression must be carefully monitored during treatment with Suprefact E

Adverse reactions : Treatment with Suprefact E is based upon the principle of suppressing the production of oestrogens throughout treatment. An episode of uterine bleeding resembling menstruation usually occurs in the first few weeks of treatment. In occasional cases, bleeding may also occur during the further course of treatment. As a result of oestrogen withdrawal, patients may suffer menopauseal symptoms,such as hot flushes, increased sweating, dry vagina,decrease in libido, decrease in bone density (after several months of Suprefact E treatment, a loss of bone mass may occur). Signs of oestrogen withdrawal are less relevant in preparation of ovulation induction.
Combination with gonadotropins may lead to ovarian hyperstimulation syndrome (OHSS). Abdominal pain, nausea, and vomiting after induction of ovulation may indicate OHSS.

Interactions : Hormonal contraceptives or other sex steroids not be used simultaneously, due to possible interference with treatment success. In ovulation induction regimens, combination with gonadotropins may lead to OHSS.

Dosage and administration : **Adjunctive use in ovulation induction.**
The initial daily dose of Suprefact E is 0,6 mg, given in four divided doses of 0,15 mg. (1 puff each) spread over the waking hours. Some patients may need a higher dose (1,2 mg. daily). One puff from the spray bottle should be administered into one nostril in the morning, midday, early evening, and late evening:
Treatment should start in the early follicular phase (day 1 or 2) or-provided the presence of early pregnancy has been excluded-in the mid-luteal phase (approx. day 21) of the cycle, and should be maintained during stimulation with exogenous gonadotropins until ovulation is induced with HCG.
Ovarian stimulation with gonadotropins should be started after adequate down regulation has been achieved. This takes 2-3 weeks in most patients.

Special notes : Patients should keep strictly to the dosage schedule to ensure that buserelin is fully effective.
If administered correctly, Suprefact E is reliably absorbed through the mucose membrane of the nose, even if the patient has a cold. As a general rule in such cases, however, the nose should be blown vigorously before administration.
Each bottle contains 84 puffs of 0.15 mg. Depending on the dose, each bottle is sufficient for 3 weeks (if the daily dose is 0.6 mg.), 2 weeks (if the daily dose is 0.9 mg.) and 1.5 weeks (if the daily dose is 1.2 mg.) treatment. For technical reasons connected with the filling procedure, a small residue may be left in the bottle.

Further information available on request
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Ratchadaphisek Road, Klong Toey,
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Tel : 2640520/Fax : 264-0492

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* *Ref. Devroey, Smitz, van den Abbeel, Camus, Wisanto and van Steirteghem. The use of LHRH analogues in IVF/GIFT/ZIFT programmes. Gynecol. Endocrinol 3 (1989), Suppl. 2, 63-68*

" ใช้เฉพาะสถานพยาบาล "