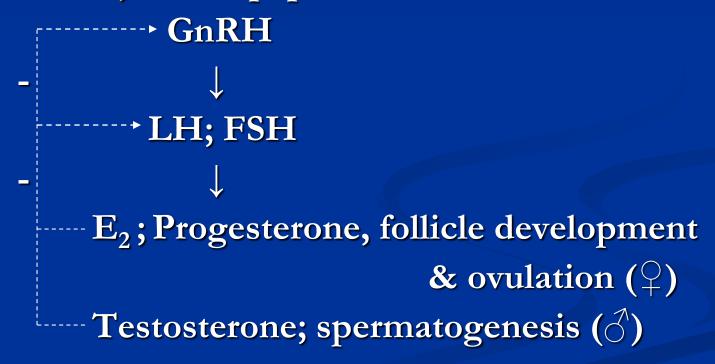
GnRH, LH, FSH

■ GnRH (Gonadotropin Releasing Hormone; Gonadorelin) A decapeptide



** Structure-activity relationship:

Pro-His-Trp-Ser-Tyr-Gly-Leu-Arg-Pro-Gly

- ** Pattern of release and MOA:
- Pulsatile (Ca⁺⁺ second messenger) $\rightarrow \uparrow$ LH & FSH
- Large doses or continuous administration (downregulation of pituitary GnRH receptors) → ↓ LH & FSH

■ GnRH synthetic preparations:

Leuprolide acetate, Triptorelin, Goserelin, Histrelin, Nafarelin, Busereline...

Could be given S.C, I.M, I.V Mainly given S.C Ineffective orally

Available in intranasal, suppositories, subdermal implants and vaginal pessaries dosage forms

- GnRH clinical uses:
- a. Pulsatile administration
- Diagnostic use
- GnRH deficiency (Kallman's syndrome)
- R_x of δ & ς hypogonadism; induction of ovulation (infertility), delayed puberty, amenorrhea, cryptorchidism...

- b. Continuous administration or large doses or the use of a GnRH superagonists:
- Ca prostate; Ca breast
- Endometriosis
- IVF
- Precocious puberty
- Uterine fibroids or uterine leiomyomas, polycystic ovarian syndrome (PCOS)
- ?? Contraceptive

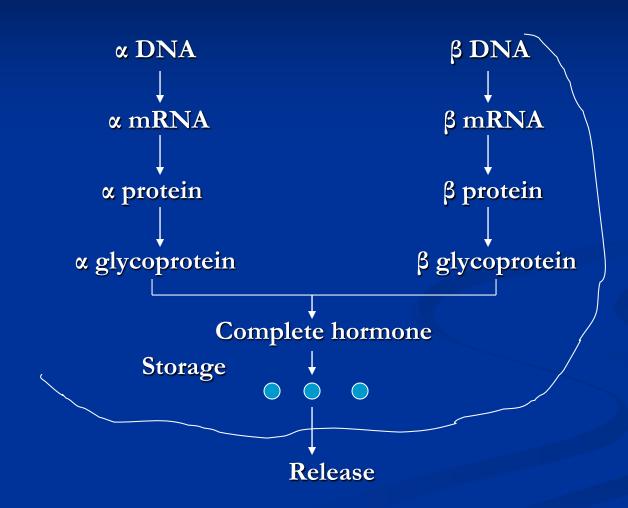
- Side effects to GnRH:
- Production of GnRH Abs → resistance to treatment
- Headache and abdominal pain (tolerance develops to these side effects)
- Sweating, facial flushing, hot flushes
- Osteoporosis
- GnRH specific antagonist:

Ganirelix; given SC (IVF)

Gonadotropins: LH & FSH

Glycoproteins; under regulation by GnRH

	LH	FSH	TSH	hCG
α	ven I	rent (ven I	Ven I
β	nQ-		nbh	mor



■ MOA of LH & FSH:

- Surface receptors; cAMP 2nd messenger
- LH stimulates desmolase enzyme → ↑
 steroidogenesis in gonads
- LH helps in the descent of testes during fetal life
- Source of LH & FSH:
- Natural human source. Human menopausal gonadotropins (HMG; Menotropin) (Mainly FSH)
- rDNA preparations (rβ-FSH)

■ Human Chorionic Gonadotropin (hCG)

A product of the placenta

Has similar pharmacological properties to LH

Obtained from the urine of pregnant ladies

- Clinical uses to gonadotropins:
- Infertility in ♂'s and ♀'s due to LH & FSH deficiency
- I.V.F
- Cryptorchidism (hCG; I.M)

■ Side effects to gonadotropins:

- Allergy
- Ovarian hyperstimulation syndrome (fever; abdominal pain, ovarian enlargement, ascites, pleural effusion, arterial thrombosis, hemoperitoneum, shock...)
- Multiple births
- Production of specific antibodies
- Precocious puberty and gynecomastia
- ? Ovarian tumors
- Failure of Rx (abortion)

- *** If the problem is sexual function Give estrogen or testosterone *** If the problem is infertility:
- GnRH in pulses
- LH, FSH, hCG
- Estrogen (♀'s); testosterone (♂'s)
- Bromocriptine
- Clomiphene citrate or Tamoxifen (estrogen antagonists) in ♀'s & ♂'s

- E-antagonists (Clomiphene citrate or Tamoxifen) are highly effective in inducing ovulation in \$\omega\$'s and restoring fertility in \$\omega\$'s
- Also E-antagonists are used with HMG and hCG to regulate ovulation in IVF

■ MOA of estrogen antagonists as antiinfertility agents:

