

Research Article

Etamsylate Causes Regression of Endometriosis Lesions in a Rat Model

Cuevas P^{1*}, Carceller F², Angulo J³, Cuevas B³

¹Facultad de Medicina, Universidad Alfonso X, Madrid, Spain

²Servicio de Neurocirugía. Hospital Universitario La Paz. Madrid

³Servicio de Histología, Departamento de Investigación, IRYCIS, Hospital Universitario Ramón y Cajal, Madrid

*Correspondence author: Pedro Cuevas, Facultad de Medicina, Universidad Alfonso X, Madrid, Spain; Email: pedro.cuevas@gmail.com

Citation: Cuevas P, et al. Etamsylate Causes Regression of Endometriosis Lesions in a Rat Model. *Jour Clin Med Res.* 2025;6(3):1-4.

<https://doi.org/10.46889/JCMR.2025.6319>

Received Date: 07-11-2025

Accepted Date: 24-11-2025

Published Date: 01-12-2025



Copyright: © 2025 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CCBY) license (<https://creativecommons.org/licenses/by/4.0/>).

Abstract

Intraperitoneal injections of etamsylate in a suitable rat model of endometriosis produced regression of implanted endometrial tissues. Our results indicate that etamsylate is a promising candidate for endometriosis treatment.

Keywords: Endometriosis; Rat; Etamsylate; Fibroblast Growth Factor; Vascular Endothelial Growth Factor

Abbreviations

EM: Endometriosis; FGF: Fibroblast Growth Factor; VEGF: Vascular Endothelial Growth Factor; GnRH: Gonadotrophin Releasing Hormone

Introduction

Endometriosis (EM) is defined as endometrial tissues found outside the uterus and is characterized by the presence of chronic pelvic pain, dysmenorrhea and infertility [1,2]. EM is a common benign disease that affects 10% of women during their reproductive period [3]. EM also represents a significant financial burden on health systems. EM is an angiogenesis-dependent disease [4]. The pivotal role of angiogenesis in the pathophysiology of this disease has been confirmed in many studies, also confirming a key role for Fibroblast Growth Factor (FGF) and Vascular Endothelial Growth Factor (VEGF) in this disease [5-12]. Furthermore, anti-angiogenic therapy has been proposed as a novel strategy in treating EM [13]. Currently

available therapies for EM include surgical excision and various medical treatments such as the use of Gonadotropin-Releasing Hormone (GnRH) analogues, aromatase inhibitors and progestins. Unfortunately, these approaches often have only modest success and are associated with significant risks of complications and side effects. Consequently, the search continues for new, safe and effective long-term treatment. In this work we assessed the effect of etamsylate, a synthetic inhibitor of angiogenesis promoted by FGF and VEGF signalling, in a rat model of EM [14-15].

Material and Methods

Animals

Studies were performed in accordance with the Declaration of Helsinki and with the EU guidelines for the handling and care of laboratory animals.

Female Sprague-Dawley rats (6-8 weeks of age) were anesthetized with intraperitoneal administration of 50 mg/kg ketamine and 4 mg/kg diazepam.

Before surgery the abdominal skin was shaved, and antisepsis was obtained with 75% ethanol. A central incision was made, and then 1 mm of one uterine horn was excised and sutured to peritoneum using 10.0 nylon monofilament suture under a surgical microscope. After suturing the abdominal muscle and skin, 40,000 units/kg penicillin was injected into the muscle.

Treatment

Animals were randomly divided into two groups: Group A (n=8) received daily intraperitoneal injections of 0.9% NaCl during 2 weeks. Group B (n=8) received daily 200µl etamsylate (Sanofi-Aventis, France) intraperitoneal injections during the same period of time.

Histology

Implanted uterine horns were extracted and fixed in 4% paraformaldehyde and then embedded in paraffin and cut into serial 5µm sections. The deparaffined sections were stained with haematoxylin and eosin for microscopic studies.

Results

As Fig. 1 shows, the implanted uterine horn segment from an animal of the Group A appears with intense stromal vascularization. Fig. 2 shows histological findings from an animal of Group A (upper), showing a normal structure, and an animal of Group B (lower) with marked disorganization.

Rat model of endometriosis



Figure 1: Uterine horn implanted in a rat model after two weeks showing notable neovascularization.

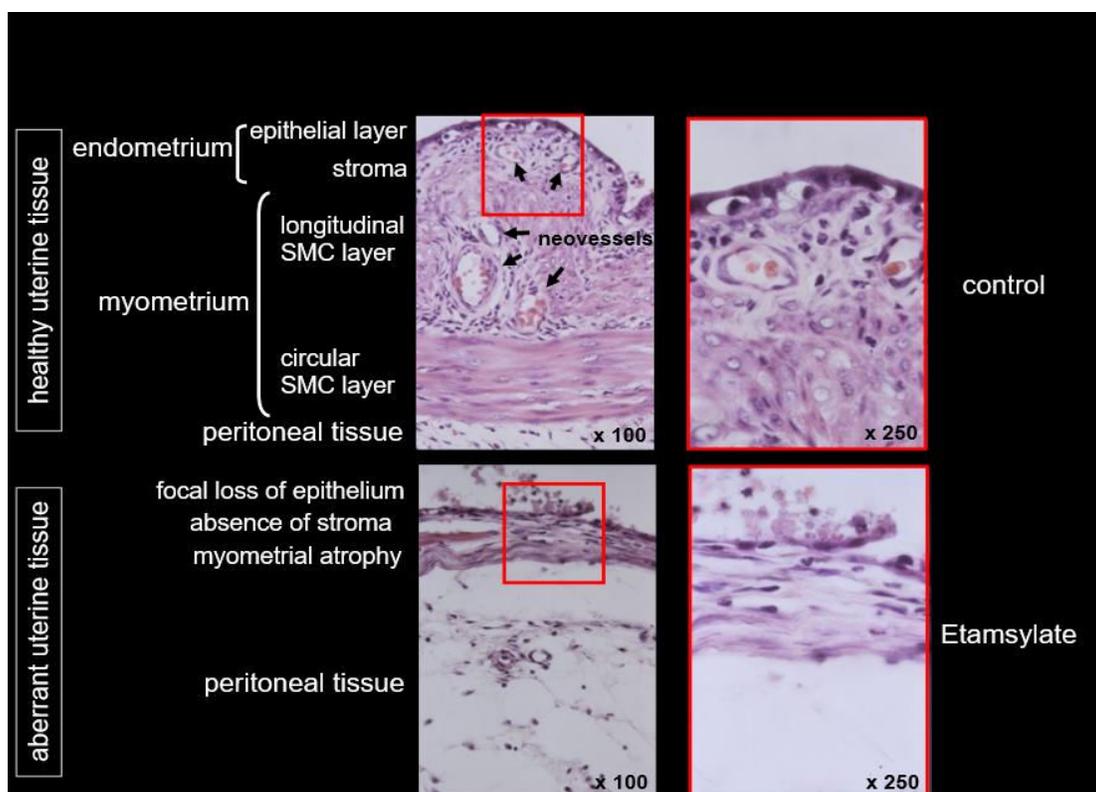


Figure 2: Histological sections of uterine implants from a control animal (upper panels) and an etamsylate treated animal (lower panels).

Discussion

In this report, we show that intraperitoneal administration of etamsylate promotes intense tissue disorganization in a rat model of EM. These results may be due to the anti-angiogenic activities of etamsylate, and are in accordance to previous studies showing the efficacy of etamsylate in several angiogenesis-dependent diseases [16-18]. Autophagy is known as a non-apoptotic form of programmed cell death that contributes to the pathogenesis of EM [19]. It has been reported that etamsylate restores autophagy by inhibition of VEGF signals [20]. Thus, drugs that promote autophagy may cover a new potential treatment for EM [21]. In conclusion, etamsylate is a promising value for EM management.

Conclusion

Etamsylate exerted a potent inhibitor effect on the development of endometriosis in the rat. The present study may lead to the development of novel treatment for endometriosis given the long history of etamsylate as a drug with a high safety profile.

Conflict of Interest

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Financial Disclosure

This research did not receive any grant from funding agencies in the public, commercial or not-for-profit sectors.

Acknowledgment

Acknowledge those who provided support during the study.

Consent To Participate

The authors certify that they have obtained all appropriate patient consent.

Data Availability and Consent of Patient

Data is available for the journal. Informed consents were not necessary for this paper.

Author's Contribution

FC and PC performed the experiments. PC wrote the manuscript. BC performed histological preparations. JA prepared the iconography.

References

1. Giudice LC. Clinical practice. Endometriosis. *N Engl J Med*. 2010;362(25):2389-98.
2. Rogers PAW, D'Hooghe TM, Fazleabas A. Defining future directions for endometriosis research: workshop report from the 2011 World Congress of Endometriosis in Montpellier, France. *Reprod Sci*. 2013;20:483-99.
3. Giudice LC, Kao LC. Endometriosis. *Lancet*. 2004;364:1789-99.
4. Groothuis PG, Nap AW, Winterhager E, Grümmer R. Vascular development in endometriosis. *Angiogenesis*. 2005;8:147-56.
5. Markowska J, Kowalska M, Gogacz M. Cytokines and endometriosis. *Clin Exp Obstet Gynecol*. 2004;31:269-70.
6. Fujimoto J, Sakaguchi H, Hirose R. Angiogenesis in endometriosis and angiogenic factors. *Gynecol Obstet Invest*. 1999;48(Suppl 1):14-20.
7. Rakhila H, Al-Akoum M, Bergeron ME. Promotion of angiogenesis and proliferation cytokine patterns in peritoneal fluid from women with endometriosis. *J Reprod Immunol*. 2016;116:1-6.
8. Li H, Cai E, Cheng H. FGA controls VEGFA secretion to promote angiogenesis by activating the VEGFR2-FAK signaling pathway. *Front Endocrinol (Lausanne)*. 2022;13:791860.
9. Kang S, Li SZ, Wang N. Association between genetic polymorphisms in Fibroblast Growth Factor (FGF)1 and FGF2 and risk of endometriosis and adenomyosis in Chinese women. *Hum Reprod*. 2010;25:1806-11.
10. Hammadeh ME, Fischer-Hammadeh C, Hoffmeister H. Fibroblast Growth Factor (FGF) and Soluble Intracellular Adhesion Molecule-1 (sICAM-1) levels in serum and follicular fluid of infertile women with polycystic ovarian syndrome, endometriosis and tubal damage, and their effect on ICSI outcome. *Am J Reprod Immunol*. 2003;50:124-30.
11. Monist M, Bartuzi A, Olcha P. Indications for hospitalization of young girls and adolescent girls-clinical work-up in selected cases. *Ginekol Pol*. 2015;86:53-61.
12. Smolarz B, Szyłło K, Romanowicz H. Endometriosis: Epidemiology, classification, pathogenesis, treatment and genetics. *Int J Mol Sci*. 2021;22:10554.
13. Hung SW, Zhang R, Tan Z. Pharmaceuticals targeting signaling pathways of endometriosis as potential new medical treatment: A review. *Med Res Rev*. 2021;41:2489-564.
14. Fernández IS, Cuevas P, Angulo J. Gentisic acid, a compound associated with plant defence and a metabolite of aspirin, heads a new class of *in-vivo* fibroblast growth factor inhibitors. *J Biol Chem*. 2010;285:11714-29.
15. Angulo J, Cuevas P, Cuevas B. Diacetyloxyl derivatization of the fibroblast growth factor inhibitor dobesilate enhances its anti-inflammatory, anti-angiogenic and anti-tumoral activities. *J Transl Med*. 2015;13:48.
16. Cuevas P, Outeiriño LA, Azanza C. Improvement of diabetic macular oedema with intravitreal dobesilate: A case report. *Austin J Clin Case Rep*. 2014;1:1046.
17. Cuevas P, Outeiriño L, Azanza C, Giménez-Gallego G. Intravitreal dobesilate in the treatment of choroidal neovascularisation associated with age-related macular degeneration: Report of two cases. *BMJ Case Rep*. 2012;2012:bcr2012006619.
18. Cuevas P, Angulo J, Giménez-Gallego G. Long-term effectiveness of dobesilate in the treatment of papulopustular rosacea. *BMJ Case Rep*. 2011;2011:bcr0820114579.
19. Yang HL, Mei J, Chang KK. Autophagy in endometriosis. *Am J Transl Res*. 2017;9:4707-25.
20. Wang Y, Lu YH, Tang C. Calcium dobesilate restores autophagy by inhibiting the VEGF/PI3K/AKT/mTOR signaling pathway. *Front Pharmacol*. 2019;10:886.
21. Kobayashi H, Imanaka S, Yoshimoto C. Molecular mechanism of autophagy and apoptosis in endometriosis: Current understanding and future research directions. *Reprod Med Biol*. 2024;23:e12577.

Journal of Clinical Medical Research



Publish your work in this journal

Journal of Clinical Medical Research is an international, peer-reviewed, open access journal publishing original research, reports, editorials, reviews and commentaries. All aspects of medical health maintenance, preventative measures and disease treatment interventions are addressed within the journal. Medical experts and other related researchers are invited to submit their work in the journal. The manuscript submission system is online and journal follows a fair peer-review practices.

Submit your manuscript here: <https://athenaumpub.com/submit-manuscript/>