

# Progesterone 'Hormone of Pregnancy' and 'Hormone of Meningioma'

*Progesterone in pregnancy and contraception may promote meningioma growth, experts urge more research and caution in prescribing progesterone-based treatments*

SANTA BARBARA , CA, UNITED STATES, December 11, 2024 /EINPresswire.com/ -- "Progesterone blood levels increase throughout pregnancy, peaking during the last 4 weeks of gestation and decreasing after labor and placental delivery," states Mariana A. Costa, Ph.D, pharmacology.

Read Dr. Costa's article:

[https://www.rbmojournal.com/article/S1472-6483\(15\)00495-2/fulltext](https://www.rbmojournal.com/article/S1472-6483(15)00495-2/fulltext)

Dr. Greg Vigna, MD, JD, national neurological injury attorney, and product liability attorney, states, "For decades, pregnancy has been associated with meningioma growth and regression of the tumor post-delivery. My firm's position is that there has been no reasonable investigation of this well-known observation by Pfizer for decades to ensure the safety of this medication."

Dr. Vigna continues, "The placenta is a progesterone-making machine, and progesterone is known to stimulate proliferation of Progesterone Receptor Positive (PR +) on the cell membranes. It also binds directly to the DNA of the meningothelial cells of the arachnoidal layer, which is adhered to the dura. This is the location of meningiomas. Progesterone is known to cause cellular proliferation of the meningothelial cells, which contribute to the mutations that lead to meningiomas."

Read Dr. Tessa Harland's report in "Progesterone-only contraception is associated with a shorter progression-free survival in premenopausal women with WHO Grade I meningioma" published in the Journal of Neurooncology (2018) 136:327-333:

Compared to patients taking combination or estrogen-only contraception, those taking



Dr. Greg Vigna



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*Greg Vigna, MD, JD*

progesterone-only contraception demonstrated a greater recurrence rate (33.3 vs. 19.6%) with a reduced time to recurrence (18 vs. 32 months,  $p = 0.038$ ) ... those taking progesterone-only contraception”

Read Dr. Harland’s article:

<https://link.springer.com/article/10.1007/s11060-017-2656-9>

Dr. Vigna concludes, “There is no justification for physicians to continue to prescribe Depo-provera after

2018 following the diagnosis of meningioma, as the risk of reoccurrence is known. Women with no history of meningiomas should be offered birth control that is not progesterone-only. Clearly, Pfizer should change their label and include the known risks of their drug to doctors, patients, and the public.”

Dr. Vigna concludes, “We file mid-urethral slings against physicians and the device manufacturers in State Courts across the country, and we will do the same for the Depo-Provera debacle. We will find out when Pfizer knew, or should have known, and what they failed to do.”

Vigna Law Group is a national litigation firm that focuses on neurological injuries caused by medical malpractice, mid-urethral slings, and bad drugs, including Depo-provera. Other practice areas include hospital-acquired decubitus ulcers and birth injuries. His California and Washington DC law firms represent women with the [Ben Martin Law Group](#), a national pharmaceutical injury law firm in Dallas, Texas, against Coloplast and Boston Scientific and the doctors who implant them for neurological pain syndromes caused by polypropylene transobturator slings.

Read Dr. Vigna’s free book, [Mother’s Guide to Birth Injury](#).

Click for a FREE BOOK on Vaginal Mesh Pain by Dr. Vigna:

<https://vignallawgroup.com/publications/>

Visit the [Meningioma Resection Help Desk](#).

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