

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



Adenomyosis

KEY POINTS: ADENOMYOSIS

1. Adenomyosis, endometrial tissue in the myometrium, causes abnormal uterine bleeding and dysmenorrhea.
2. It is often suggested by MRI (thickened junctional zone), but definitive diagnosis is made only by microscopic uterine inspection after hysterectomy.
3. Adenomyosis can be treated initially with NSAIDs and OCPs or cyclic progesterone, but it may require hysterectomy for persistent symptoms.

prevalence

- In 60% hystrectomy specimens (in reproductive yrs)
- Incidence :30%
- 50% asymptomatic

Points

- Increased parity
- Uterine surgery: 1.37 RR(Panganamamula 2004)
- Traumas

Symptoms

- Dysmenorrhea
- Heavy/prolonged menstrual bleeding

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- **Physical Findings:**
 - Enlarged globular uterus

diagnosis

- Physical exam
- Sonography (thickened junctional zone)
- MRI (thickened junctional zone)
- Histologic exam(hystrectomy)
- Endometrial glands and stroma more than one low-powered field (2.5mm) from the basalis

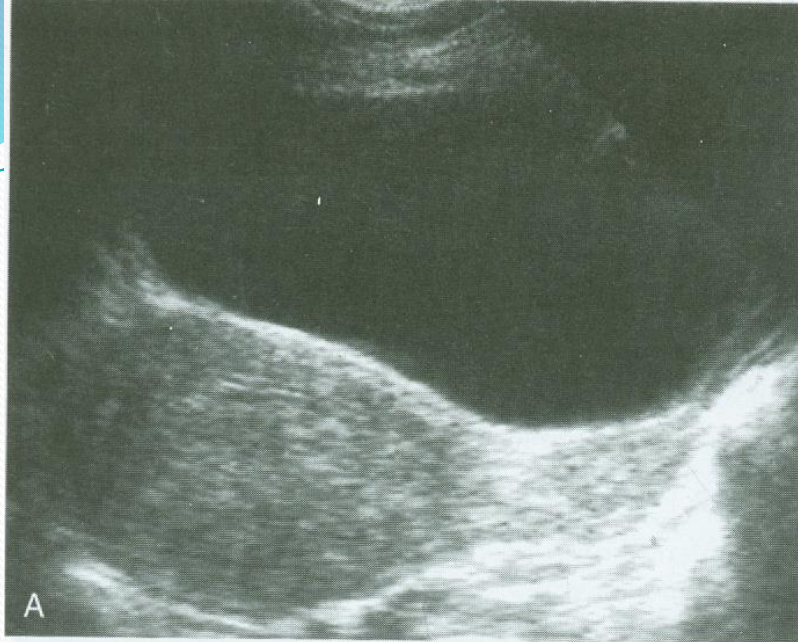


FIGURE 29–18. Adenomyosis. *A.* Sagittal transabdominal, *(B)* transvaginal ultrasound, and *(C)* sagittal magnetic resonance image (MRI) showing thickening of the posterior wall of the uterus with numerous high-signal areas on the MRI that proved to be adenomyosis. (*B* courtesy of Dr. Caroline Reinhold, McGill University.)



FIGURE 29–19. Endometrial hyperplasia. A. Transvaginal sonogram and (B) transvaginal hysterosonogram showing a thickened endometrial echo complex that is uniformly hyperplastic on hysterosonography.

management

- Levonorgestrel-releasing IUD
- GnRH agonists
- NSAIDs
- OCPs
- Embolization (uterine artery)
- Ablation (endometrial)
- Hysterectomy

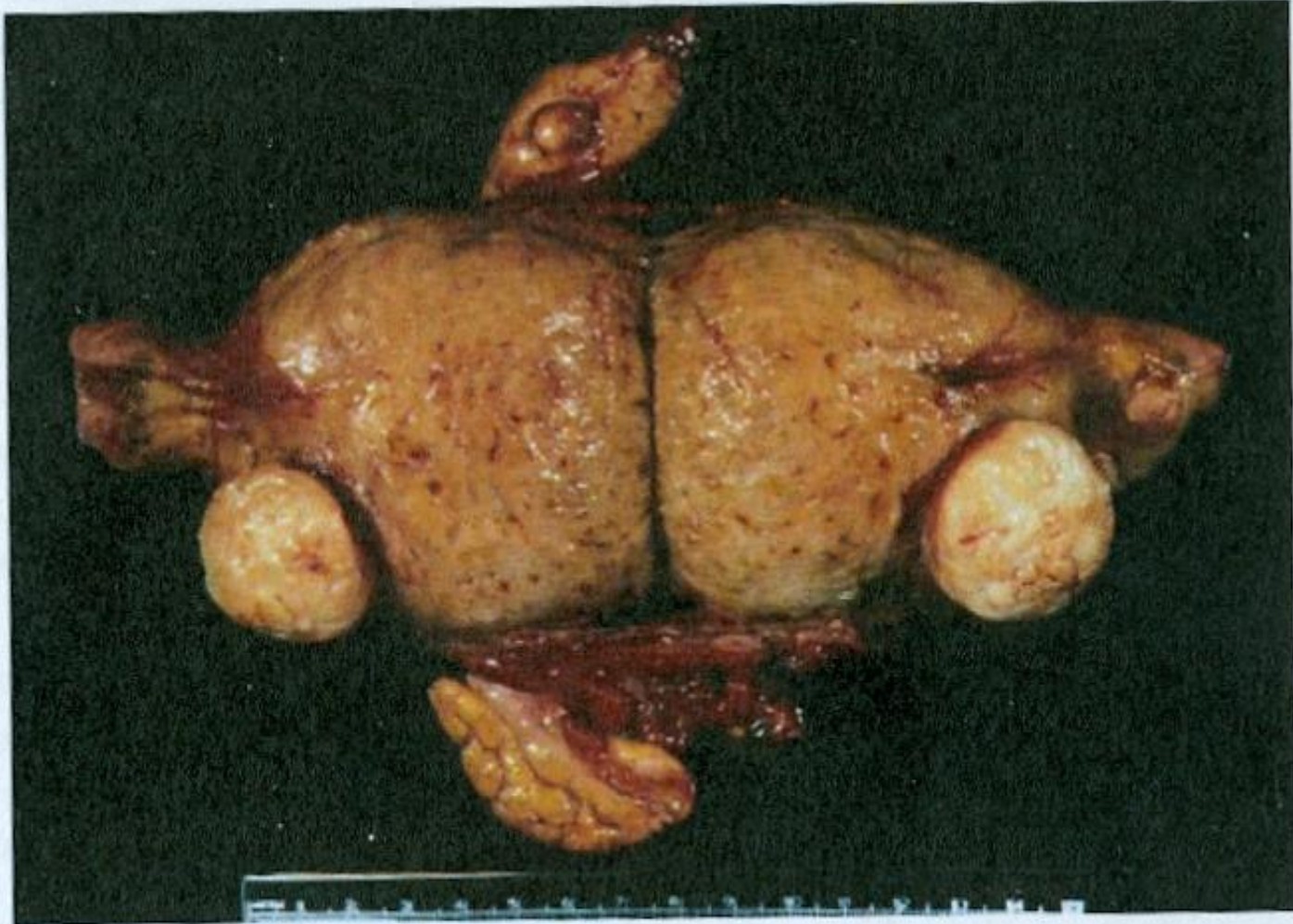


Figure 18.45 Hysterectomy with adenomyosis. The uterine corpus is thickened and shows prominent trabeculation of the myometrium with multiple small foci of hemorrhage. (From Oliva E. Endometrial stromal tumors, mixed müllerian tumors, adenomyosis, adenomyomas and rare sarcomas. In: Mutter GL, Prat J, eds. *Robboy's Pathology of the Female Reproductive Tract*. 3rd ed. Philadelphia: Elsevier; 2014:425-458.)



Figure 18.43 Adenomyosis. The myometrial wall is distorted and thickened by poorly circumscribed trabeculae that contain pinpoint hemorrhagic cysts. (From Anderson MC, Robboy SJ, Russell P. Uterine smooth muscle tumors. In: Robboy SJ, Anderson MC, Russell P, eds. *Pathology of the Female Reproductive Tract*. Edinburgh: Churchill Livingstone; 2002.)

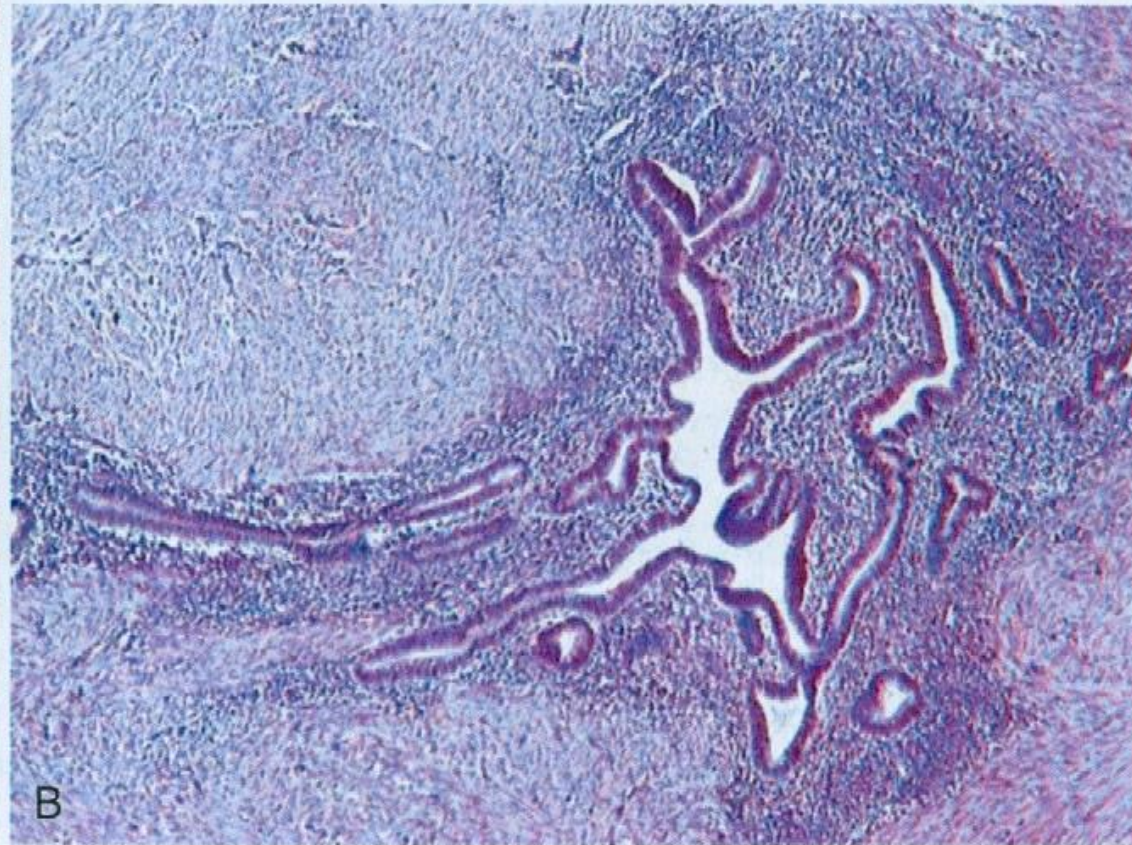
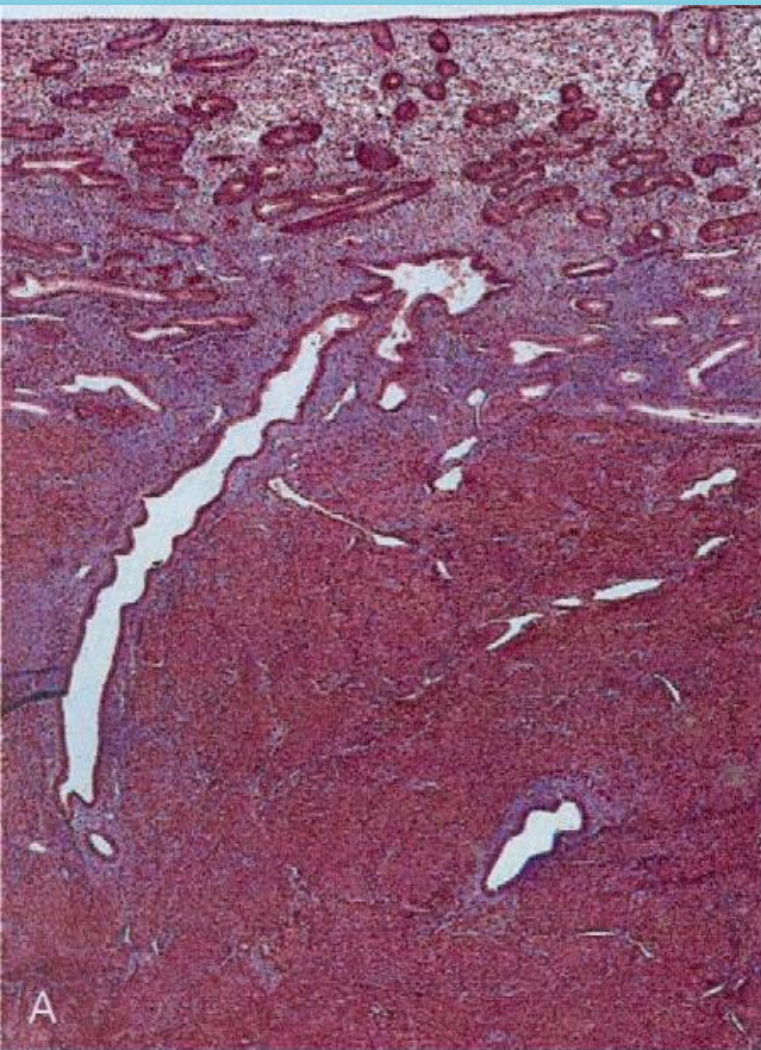


Figure 18.44 Adenomyosis, histologic appearance. **A**, Endometrial tissue infiltrates into the myometrium. **B**, The infiltrating islands of endometrium consist of both glands and stroma. The glands are inactive and of basal pattern. (From Anderson MC, Robboy SJ, Russell P. Uterine smooth muscle tumors. In: Robboy SJ, Anderson MC, Russell P, eds. *Pathology of the Female Reproductive Tract*. Edinburgh: Churchill Livingstone; 2002.)

Understanding adenomyosis: a case control study

F. Andrei Taran, M.D.,^a Amy L. Weaver, M.S.,^b Charles C. Coddington, M.D.,^a and Elizabeth A. Stewart, M.D.^a

^aDivision of Reproductive Endocrinology, Department of Obstetrics and Gynecology; and ^bDivision of Biostatistics, Department of Health Sciences Research, Mayo Clinic, Rochester, Minnesota

Objective: To elucidate the clinical profile of adenomyosis by comparison with uterine leiomyomas.

Design: Retrospective case-control study.

Setting: Academic medical center.

Patient(s): The study comprised 76 women undergoing hysterectomy with adenomyosis and 152 women with uterine leiomyomas but no adenomyosis.

Intervention(s): Retrospective medical record review of hospital and ambulatory records.

Main Outcome Measure(s): Comparison of women undergoing hysterectomy with a sole pathologic finding of adenomyosis and women with leiomyomas alone.

Result(s): Adenomyosis was independently associated with younger age (41.1 years vs. 44.3 years), history of depression (57.1% vs. 24.7%), dysmenorrhea (65.7% vs. 42.3%), and pelvic pain (52.9% vs. 21.1%) in a multivariable unconditional logistic regression analysis compared with women with leiomyomas, where women from both groups had gynecologic symptoms. Furthermore, in a second multivariate model where all subjects had uteri weighing >150 g, women with adenomyosis were more likely to have a history of depression (52.6% vs. 22.2%) and endometriosis (26.3% vs. 2.8%) compared with women with leiomyomas.

Conclusion(s): Women undergoing hysterectomy with a histologic diagnosis of adenomyosis have a distinct symptomatology and medical history compared with women with leiomyomas. Better understanding of this disease is required to improve diagnosis and management. (*Fertil Steril*® 2010;94:1223–8. ©2010 by American Society for Reproductive Medicine.)

Key Words: Adenomyosis, uterine leiomyomas, depression, prolactin

Does Adenomyosis Cause Infertility?

Because many women who have adenomyosis also have endometriosis, it is difficult to tell precisely what role adenomyosis may play in fertility problems. However, some studies have shown that adenomyosis may contribute to infertility.

Hum Reprod. 2014 May;29(5):964-77. doi: 10.1093/humrep/deu041. Epub 2014 Mar 12.

Uterine adenomyosis and in vitro fertilization outcome: a systematic review and meta-analysis.

Vercellini P¹, Consonni D, Dridi D, Bracco B, Frattaruolo MP, Somigliana E.

⊕ Author information

Abstract

STUDY QUESTION: Is adenomyosis associated with IVF/ICSI outcome in terms of clinical pregnancy rate?

SUMMARY ANSWER: In a meta-analysis of published data, women with adenomyosis had a 28% reduction in the likelihood of clinical pregnancy at IVF/ICSI compared with women without adenomyosis.

WHAT IS KNOWN ALREADY: Estimates of the effect of adenomyosis on IVF/ICSI outcome are inconsistent.

STUDY DESIGN, SIZE, DURATION: A systematic literature review and meta-analysis were conducted. A Medline search was performed to identify all the comparative studies published from January 1998 to June 2013 in the English language literature on IVF/ICSI outcome in women with and without adenomyosis. Two authors independently performed the literature screening, scrutinized articles of potential interest, selected relevant studies and extracted data. Studies were categorized based on research design.

