

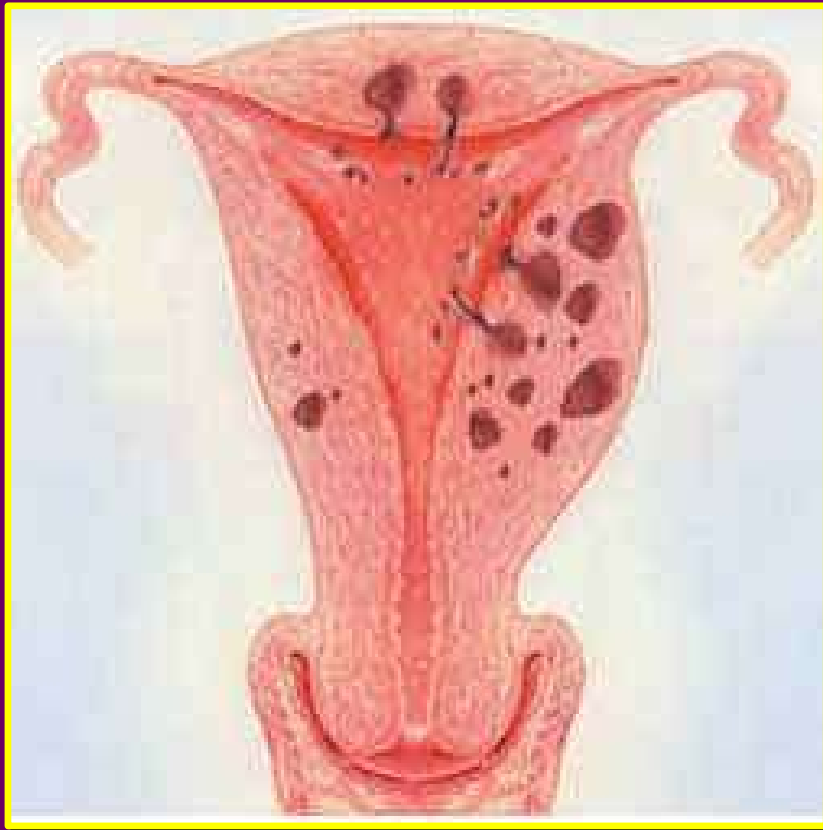


Adenomyosis

& infertility

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Adenomyosis A Neglected Disease



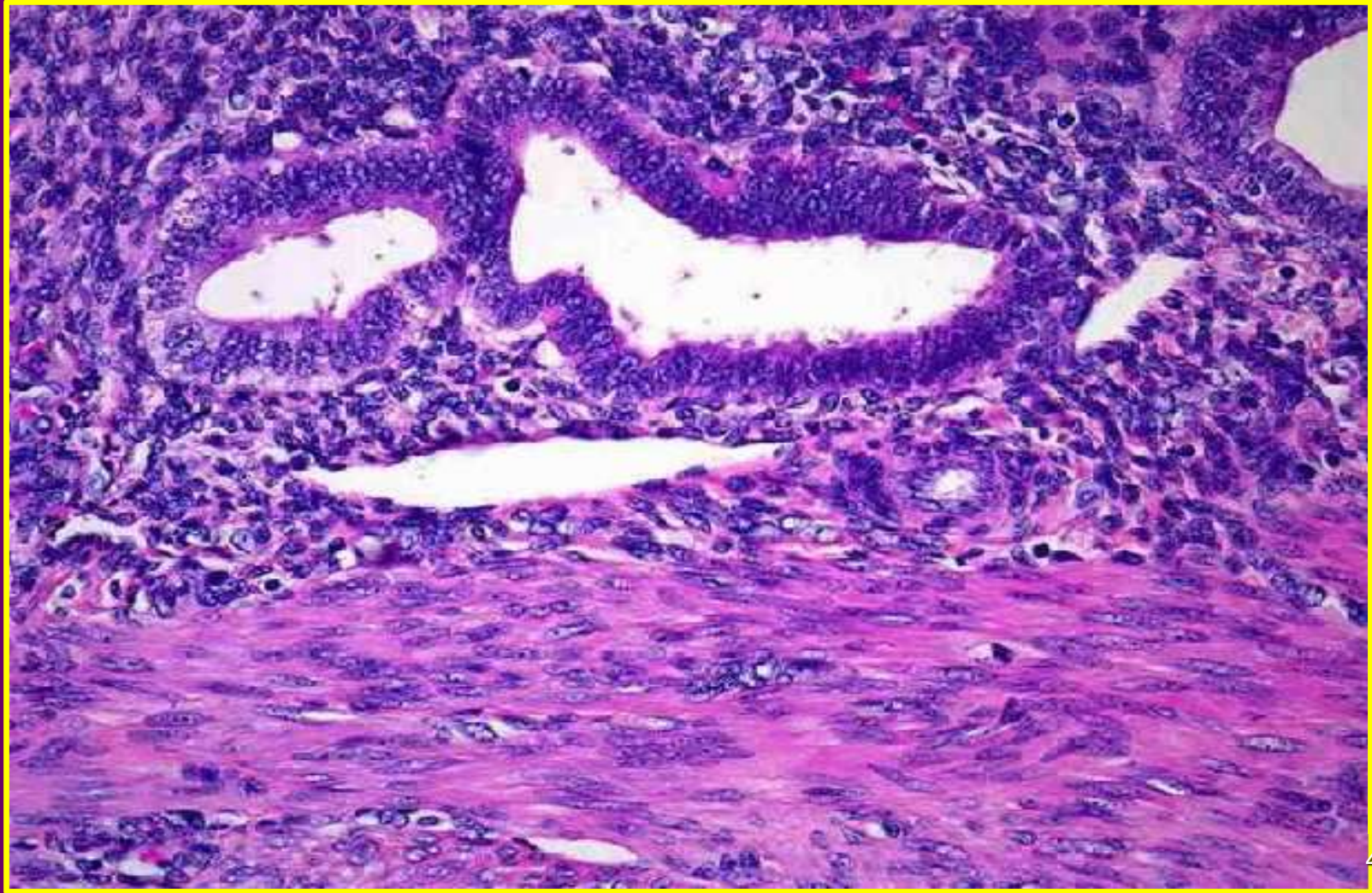
Definition

Adenomyosis is a benign disease of the uterus characterized by ectopic endometrial glands and stroma within the myometrium

It is associated with myometrial hypertrophy and may be either **diffuse** or **focal**.



Definition





Definition

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The gland tissue grows during the menstrual cycle and then at menses tries to slough, the old tissue and blood cannot escape

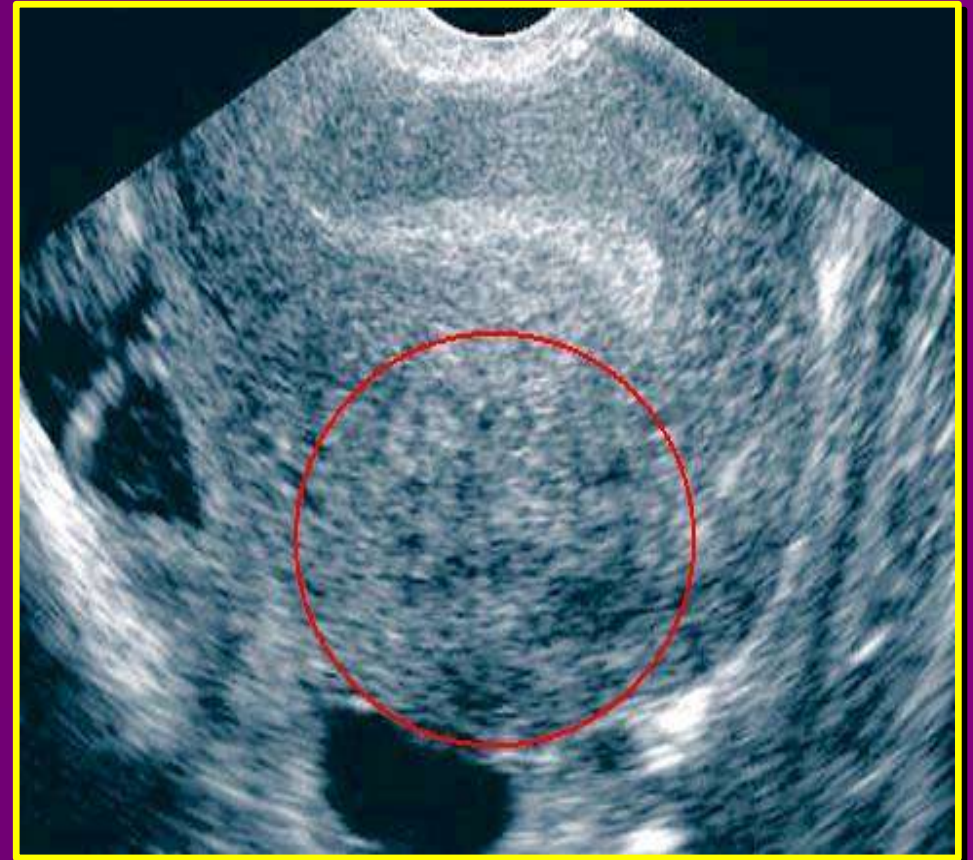
This trapping of the blood and tissue causes uterine pain in the form of monthly menstrual cramps.

It also produces abnormal uterine bleeding.



Definition of Adenomyosis

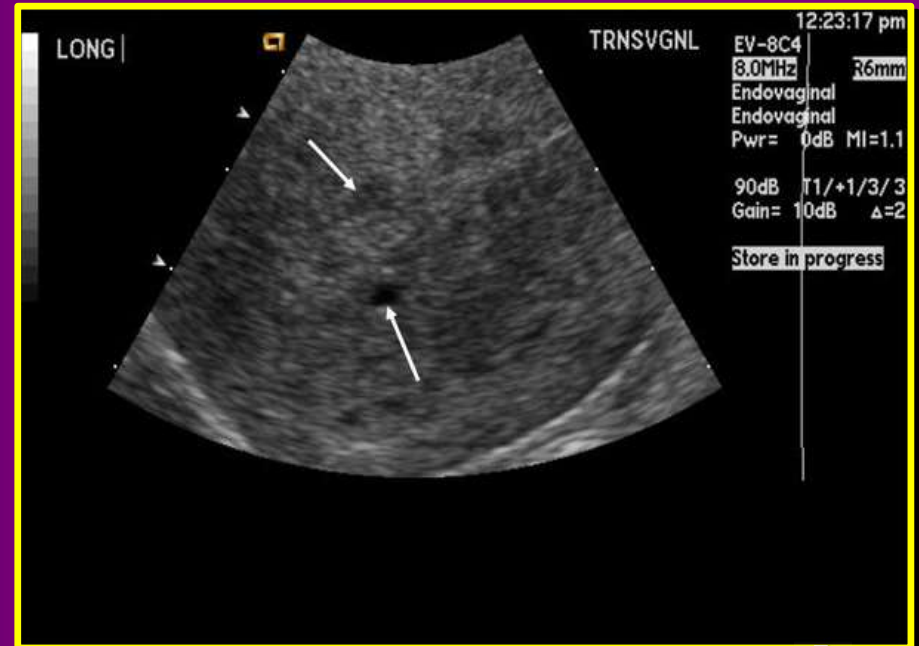
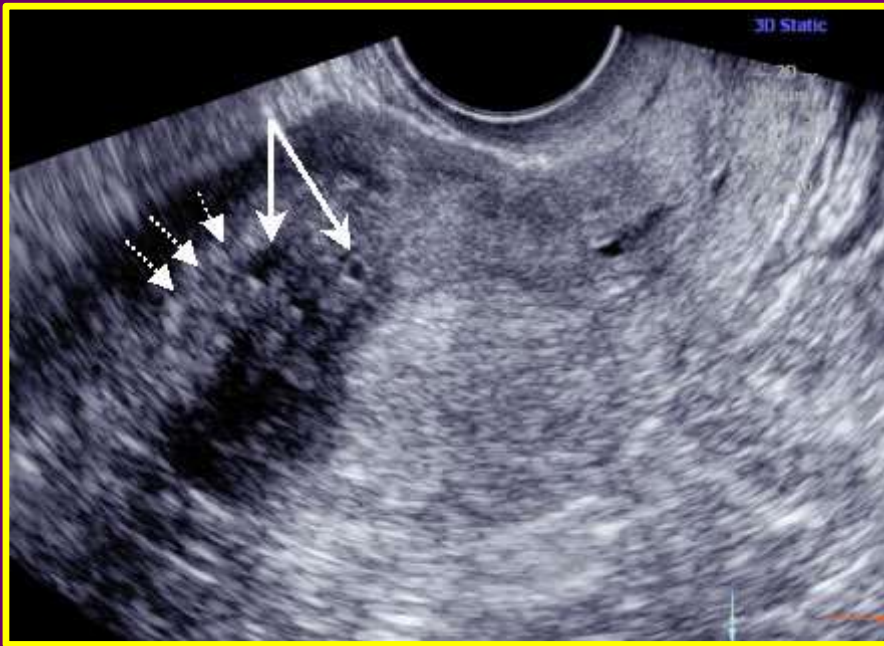
- 1- Presence
- 2- Depth Of Penetration
- 3- Degree Of Spread
- 4- Configuration of Lesions
(diffuse or nodular / Focal)





Grading of Adenomyosis

- 1- Superficial: inner myometrial third
- 2- Intermediate: Tow myometrial third
- 3- deep: Entire myometrical thickness





Adenomyosis: Epidemiology

- About 1% of female patients
- 5 - 70% of hysterectomy specimens (Azziz 1989)
- 31% if 3 sections: 61% if 6 sections (Bird 1972)
- More often in multiparous women
- Fourth - fifth decade of life



Associated Factors

Over **23%** of patients requiring hysterectomy for control of chronic severe pelvic pain had adenomyosis, and almost half of these women had had a **tubal ligation** performed. The possible relationship of adenomyosis to a previous tubal ligation has been explored.



Associated Factors

No relationship was found between age at surgery, age at menarche, indications for surgery, menopausal status at intervention, and presence of adenomyosis. But parity may be associated with an increased frequency of adenomyosis.



The typical symptoms include

- Pelvic pain,
- Dysmenorrhea,
- And menorrhagia unresponsive to hormonal therapy or uterine curettage.
- Dyspareunia
- Subfertility. And pregnancy termination.

classic presentation

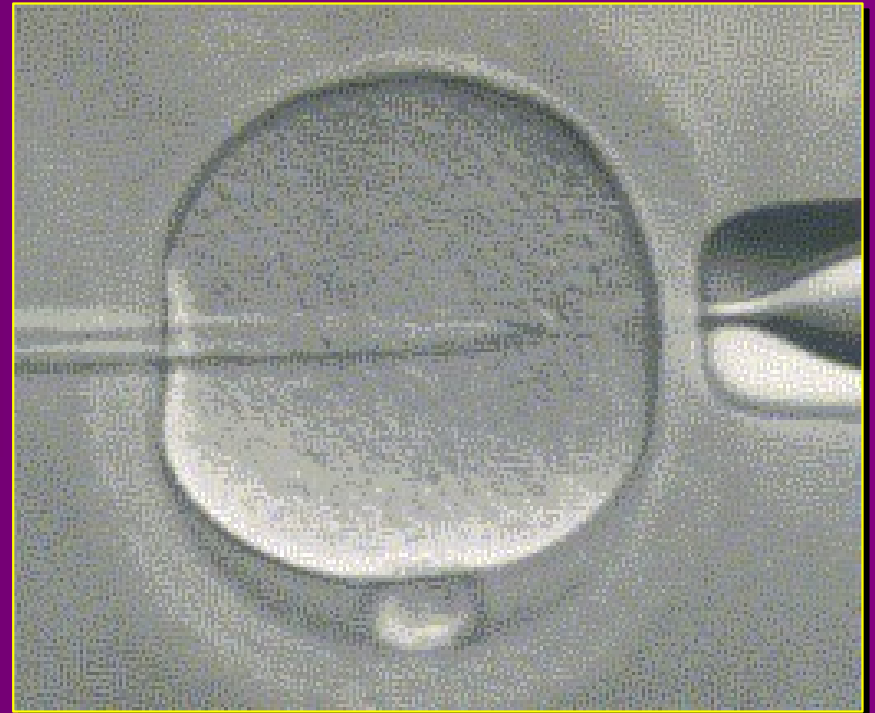
Cyclic, cramping uterine pain beginning later in reproductive life (generally after age 35) and often associated with prolonged and heavy menses



Adenomyosis

Possible Association with :

- Infertility
- Early Pregnancy Loss
- Preterm Labor





2,616 consecutive hysterectomy specimens examined during a 7-year period.

Adenomyosis was noted in 16%

Multiparas between the ages of 30 and 50 years were most commonly affected.

Abnormal uterine bleeding was the common symptom

Myohyperplasia and leiomyomas were the usual associated lesions.



Outcome of Hysterectomy for Pelvic Pain in 228 Premenopausal Women

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- Histopathological diagnosis:

Uterine leiomyoma	(73.9%)
Uterine adenomyosis	(40.4%)
Ovarian Cyst	(9.3%)
Edometriosis	(7.9%)
- 118 (51.8%) patients had a single pathology and 48.2% had multiple pathologies.
- The agreement between operative clinical diagnosis and histopathological diagnosis was 57.1% for Uterine adenomyosis !

Tay sk, Bromwich N. (Aust N Z J Obstet Gynaecol. 1988 Feb;38 (1):72-6



Diagnosis

First Step to Successful Therapy

- Achieving the right diagnosis is probably the most important task of the physician!
 - Without the right diagnosis the choice of treatment is inadequate and “guess work”.
 - The right diagnosis allows the physician to present to the patient the choice of available treatments and to determine together the right therapy for the right patient – a prerequisite for success!



Diagnosis

Major Problem of treatment of Adenomyosis

- Differential diagnosis with a major and very common “other” uterine disease:
 - uterine leiomyomas 35 – 55 % coexistence).
- Knowledge and use of radiological diagnosis (TVUS, MRI) not yet routine.
- Definitive diagnosis is in the hands of the pathologist!
 - many diagnosis (post hysterectomy!)



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Thank You

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Thank You

