



# Adenomyosis

## What you need to know



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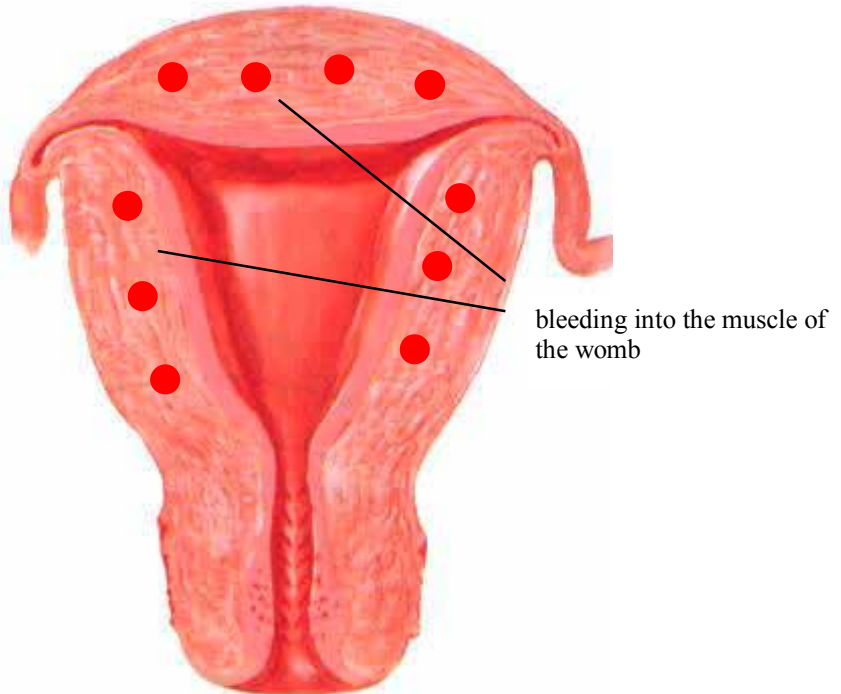
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# ADENOMYOSIS

This is a non cancerous uterine condition in which the lining of the uterus (endometrium) containing glands grow inwards into the uterine muscle. Adenomyosis means “gland within the muscle”.

Naturally, this tissue (endometrium) bleeds every time the woman has a period, but the blood cannot escape and builds up within the wall of the uterus, causing the uterus to become enlarged. This bleeding leads to overgrowth of the muscle fibres of the uterus causing heavier bleeding and pelvic pain.



# **COMMONLY ASKED QUESTIONS**

## **WHAT CAUSES UTERINE ADENOMYOSIS?**

We are not exactly sure about the cause of this condition. Normally there is a barrier between the endometrium and the muscle wall of the uterus, which prevents the endometrium from invading the uterine muscle. For some reason this barrier is broken and the endometrium invades the uterine muscle.

This invasion, it is believed is influenced by the hormone oestrogen and also from chronic trauma e.g. pregnancy and multiple D&Cs.

## **WHO IS LIKELY TO DEVELOP ADENOMYOSIS?**

Adenomyosis occurs most commonly in women who have had children. 80% of women with this disorder have had children and it tends to occur more commonly between the ages of 40 and 50.

## **IS UTERINE ADENOMYOSIS CANCEROUS?**

The condition is not cancerous and is considered benign, however, 50% of patients have other associated conditions such as fibroids, endometriosis, endometrial polyps.

## **WHAT SYMPTOMS ARE ASSOCIATED WITH ADENOMYOSIS?**

1. Many women with mild adenomyosis suffer no ill effects
2. The condition tends to produce symptoms between that ages of 40 to 50, and the symptoms include the following:
  - Abnormal uterine bleeding (60%)
  - Heavy periods with associated pain (approximately 50%)
  - Pain during sexual intercourse, particularly if there is deep penetration and the uterus is touched.

## **HOW CAN ADENOMYOSIS BE DIAGNOSED?**

Unfortunately it is not possible to diagnose uterine adenomyosis with certainty, except by hysterectomy

The main clues to diagnosis are as follows:

- Heavy periods
- Painful periods
- Pain during sexual intercourse
- Pain on vaginal examination by the doctor when the uterus is pressed.

The only way to make a certain diagnosis is by removing the uterus (hysterectomy). The diagnosis is made by the pathologist who examines the uterus under a microscope and confirms glands are growing into the muscle of the uterus.

## **DOES THIS MEAN THAT THERE ARE NO OTHER WAYS OF ARRIVING AT A DIAGNOSIS?**

- Yes and No
- In most cases, the diagnosis is suspected based on a woman's symptoms and following a vaginal examination
- There are four other means of establishing a reasonable diagnosis These include the following:

### **MRI Scan**

MRI scan of the uterus fairly good at making a diagnosis. However, MRI is not covered by Medicare.

### **Ultrasound**

Specialised gynaecological ultrasound will help in making a diagnosis. For example if the ultrasound shows that the lining of the uterus is very thick, in a woman who has all the symptoms mentioned before, the probability of adenomyosis being present is increased. Ultrasound is covered by Medicare and is a harmless procedure. An ultrasound done through the vagina *is more* accurate than a tummy ultrasound. I will send you to a specialist ultrasound to assess for adenomyosis

## Blood Test

In some women who have fairly advanced disease and particularly if it is associated with other coexisting conditions, such as endometriosis or uterine fibroids, a blood test called serum CA-125 can provide additional information. In such cases the blood level of CA 125 is raised.

## Biopsy of the uterus

This involves taking a small sample of tissue from the uterus and sending it away to be analyzed by a pathologist. However, biopsy requires general anaesthesia and two procedures are carried out:

- **Laparoscopy:** A telescope is inserted into your tummy via a tiny cut under your navel. A small specimen of the uterine muscle is then taken.

Laparoscopy has other advantages as well. It provides an opportunity to inspect all your internal structures and hence is a valuable procedure in making sure that there are no other associated conditions causing your symptoms.



A laparoscope is inserted through the abdomen

- **Hysteroscopy:** This is very similar to a laparoscopy except that the telescope is inserted via the vagina and is passed through the cervix (neck of womb) into the cavity of the uterus.

Hysteroscopy provides an opportunity to take samples off the inner surface of the uterus. Like laparoscopy, hysteroscopy has other advantages as well. For instance it can show if there is any growth in the cavity of the uterus.



A thin hysteroscope is passed through the cervix into the uterus.



Growths may be closely inspected, or removed so that samples can be examined under a microscope.

Usually one needs to combine both hysteroscopy and laparoscopy under one general anaesthetic (you are asleep).

## **SUMMARY**

Diagnosis of adenomyosis can only be made with certainty after the uterus has been removed. However, a combination of the following can provide a fairly good probability of a correct diagnosis,

- Symptoms of pain and findings on vaginal examination
- Blood test for serum CA-125
- Ultrasound examination of the Uterus
- Laparoscopy and Hysteroscopy

## **TREATMENT OPTIONS**

If I suspect you have adenomyosis and as a result your life is one of pain and discomfort, you do have the following options.

### **Surgical**

#### **1) Hysterectomy**

This is the definitive treatment and is recommended if you have finished your family.

#### **2) Removal of the abnormal areas**

This is only suitable if there are 1 or 2 areas of adenomyosis only and is generally not recommended.

### **Medical**

If you have a strong desire to preserve your uterus, especially if you have not completed your family, medications may be used. However, some of these have side effects and they do not cure the disease, they only provide temporary relief.

## **IF I DO NOT WANT A HYSTERECTOMY WHAT OTHER TREATMENT OPTIONS DO I HAVE?**

### **Basically there are three options:**

- a) Decrease the amount of blood loss during menses and take pain relieving tablets when necessary; This can be achieved by a combination of oral contraceptive pill or using a mirena IUCD and pain killers called anti-prostaglandins. The commonly used ones are Ponstan, Brufen, Naprogesic and Nurofen.
- b) Eliminate periods altogether or have fewer periods  
This can be achieved by taking oral contraceptive pill continuously (No sugar pills to be taken) up to 3 months at a time, Hence, you will now have 4 periods every year. The same effect can be achieved by an injection of Depo Provera.

### **Medications do not cure the disease but only provide temporary relief**

- c) Surgical removal abnormal areas  
This is only suitable if there are only one or two discrete areas of adenomyosis, called adenomyoma) which have been confirmed by MRI scan. It is generally a difficult procedure and is not recommended except in very exceptional circumstances The success rate is not very good and adenomyosis may recur.

If you have any further questions after reading this, please do not hesitate to ask me at your next visit.



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