

APPROACHING ADENOMYOSIS IN MODERN AGE



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INTRODUCTION

Over recent years, and thanks to recent advancements in imaging techniques, adenomyosis is increasingly diagnosed by **pelvic ultrasound**.

Simultaneously we have been moving towards increasingly less invasive therapies, although it is still a topic that remains under discussion.

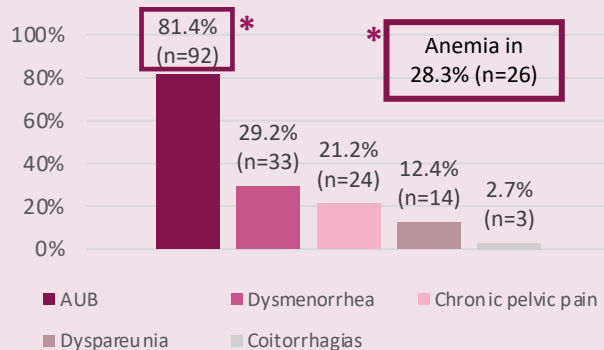
MATERIALS AND METHODS

Retrospective study from January 2018 to December 2020 in a Gynecology Service at a Tertiary Hospital, that included patients who had sonographic features for the diagnosis of adenomyosis (n=162). Statistical analysis was performed using SPSS v27.0, with a significance level of p<0.05.

The **aim of this study** was to describe the clinical presentation of patients with adenomyosis and the response to different therapeutic approaches.

RESULTS

The **average age** of patients was **45.9±7.2** years (38.7-53.1). Of these, **69.8%** (n=113) had symptoms while **30.2%** (n=49) were asymptomatic.



In all of them, an **ultrasound diagnosis** was established and, in one case, the it was confirmed by MRI. There was **histological confirmation** in 11.7% (n=19) of cases.

Initial therapeutic approach
symptomatic improvement

	TH	LNG-IUS	COC	OP	Antifibrinolytic agents	GnRH-a	Expectant attitude
Initial therapeutic approach	4.9% (n=8)	11.1% (n=18)	19.1% (n=31)	29% (n=47)	4.3% (n=7)	1.2% (n=2)	30.2% (n=49)
symptomatic improvement	87.5% (n=7)	66.7% (n=12)	80.6% (n=25)	76.6% (n=36)	71.4% (n=5)	50% (n=1)	24.5% (n=12)

There was a **change in therapy** in 20.4% (n=33) of patients, namely in 33.3% (n=6) of IUS, 25.8% (n=8) of COC, 23.4% (n=11) of OP, 28.6% (n=2) of antifibrinolytics and 8.2% (n=4) of patients with expectant therapy (p<0.001).

Regarding **therapeutic changes**, 36.4% (n=12) were subjected to TH, 21.2% (n=7), inserted an LNG-IUS, 9.1% (n=3) started COC, 15.2% (n=5) initiated OP and 3% (n=1) GnRH-a.

CONCLUSIONS

It is crucial to establish an **individualized treatment** for each patient, as this disease requires a lifelong management plan, including pain and bleeding control, and in some cases, infertility treatments. Even though every approach is valid in the treatment of adenomyosis, medical therapies are more advantageous because they have shown the same results and are less invasive.