



ADENOMYOSIS AND REPRODUCTIVE COMPLICATIONS

Codreanu Nadejda, Ivanova Elena

Nicolae Testemițanu State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

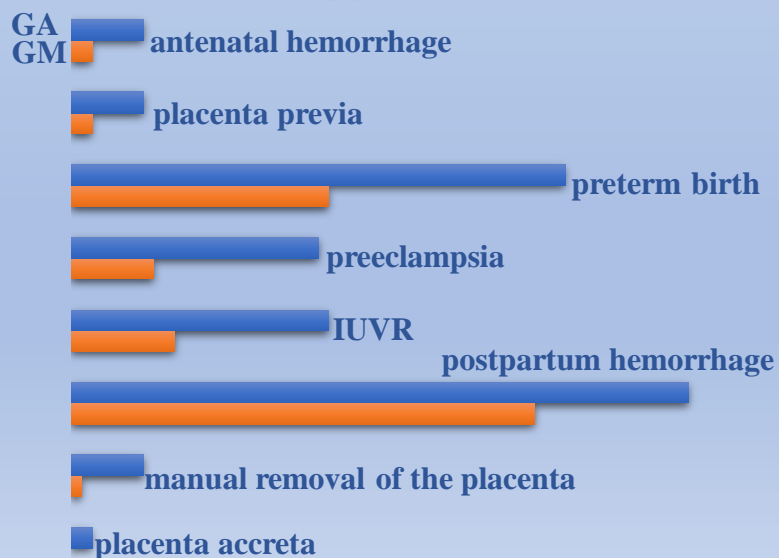


Introduction. Adenomyosis is one of the most common gynecologic pathologies, which affected 5-10% of women of reproductive age. Adenomyosis, the form of endometriosis, presents endometrial implants in the region of the junctional zone of the uterus.



International studies have shown that the junctional zone > 8 mm is the cause of the failure implantation, failures IVF, premature birth and IUGR. Anatomically destroyed junctional zone leads to placental disorders: preeclampsia, placenta accreta and percreta.

Table 2



The aim of this study was to determine the effect of adenomyosis on reproductive outcomes and pregnancy complications.

Materials and methods. A retrospective clinical study was carried out on the basis of City Clinical Hospital Nr. 1, Chisinau, at the 2015 – 2018, and included 107 patients with a postoperative diagnosis of adenomyosis, confirmed histologically (Group Adenomyosis – GA). The control group included 107 patients with uterine myoma (Group Myoma – GM). Inclusion criteria for the main group: histologically confirmed adenomyosis after total, subtotal hysterectomy and conservative adenomyomectomy. Exclusion criterion from the main group: adenomyosis associated with uterine myoma, adenocarcinoma and other malignant neoplasms; severe extragenital pathologies that can affect reproductive function, thrombophilia, antiphospholipid syndrome, infectious pathology of the fallopian tubes. Criteria for inclusion in the control group: uterine fibroids without lesions of the junctional zone of the uterus, histologically confirmed. Exclusion criterion from the control group: uterine fibroids affecting the junctional zone of the uterus; the presence of synechiae of the uterus, fibrous polyps and adenocarcinoma.

Results and discussions. We found that adenomyosis is associated with clinical symptoms of menometrorrhagia in 78.50%, dysmenorrhea in 71.03%, dyspareunia in 52.34% of patients. As the ultrasound criteria were identified: spherical uterus in 35.51%, thickening of the anterior - posterior size of the uterus ≥ 40 mm in 35.51%, inhomogeneous myometrium with heterogeneous areas without a connective tissue capsule in 28.03% and changes in the junctional zone of the uterus in 35.51% of patients. A comparative analysis of the reproductive history in the study groups showed that adenomyosis is the cause of multiple reproductive complications (Table 1): infertility -14.95% versus 6.54% (OR 2.51, 95% CI 0.98 - 6.38; $p < 0.05$), IVF failures - 21.49% versus 9.35% (OR 2.65, 95% CI 1.19 - 5.89; $p < 0.05$), miscarriage - 38.32% versus 16.82% (OR 3.07, 95% CI 1.62-5.82; $p < 0.001$), frozen in the missed abortion - 10.28% versus 3.74% (OR 2.95, 95% CI 0, 90-9.57; $p > 0.05$). The study has shown that pregnant women with adenomyosis are in the group of high risk of complications (Table 2): preterm birth - 44.86% versus 23.36% (OR 2.66, 95% CI 1.48-4.80; $p < 0.001$), IUVR - 23.36% versus 9.35% (OR 2.95, 95% CI 1.34-6.51; $p < 0.001$), preeclampsia - 22.43% versus 7.48% (OR 3.57, 95% CI 1.52-8.38; $p < 0.001$), placenta previa - 6.54% versus 0.93% (OR 7.42, 95% CI 0.89- 61.39; $p < 0.05$), postpartum hemorrhage - 56.07% versus 42.05% (OR 1.75, 95% CI 1.02-3.02; $p < 0.05$).

Table 1



Conclusions. Adenomyosis, which damages the junctional zone of the uterus, is the cause of pregnancy complications and adverse reproductive outcomes.