## Is Adenomiosis always as a marker of Deep Infiltrating Endometriosis?

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## Introduction

Adenomyosis is a disorder clinically characterized by heavy menstrual bleeding, dyspareunia and dysmenorrhea. Sometimes symptoms can mask the presence of Deep Infiltrating Endometriosis (DIE). The objective of this study is to analyse the correlation between adenomyosis and DIE.

## **Materials and Methods**

We performed a retrospective study of women with prior hysterectomy in a tertiary referring center during the last 2 years diagnosed of adenomyosis. A complete medical, surgical, and obstetric history were recorded. Symptoms, ultrasound images, surgical findings and treatment were assessed.

## **Results**

Out of 430 patients with prior hysterectomy, 56 were diagnosed of adenomyosis confirmed on surgical specimen (13%). Mean age of women with adenomyosis was 51.86 years. The most common principal symptoms were menorrhagia or abnormal uterine bleeding and dysmenorrhea or pelvic pain. In relation to ultrasound diagnosis, 9 (16.07%) had pre-operative imaging findings of diffuse adenomyosis. Another 6 patients (10.71%) had features indicative of adenomyosis, including a globular enlarged uterus, indistinct or irregular endometrial myometrial junction, heterogeneous myometrium and myometrial cysts, loss of a clear endomyometrial border, echogenic linear striations radiating out from the endometrium. 32 patientes (57.14%) had uterine fibroids described on ultrasound images and two of them presented ovarian endometriomas. While 4 of the 56 patients had extense adenomyosis, the other 52 patients had focal adenomyosis. Two patients presented deep infiltrating endometriosis with rectosigmoid nodules and 18 women had pelvic adhesions. Mean age of this group was 47.72 years. The most common principal symptoms were menorrhagia or abnormal uterine bleeding and dysmenorrhea or pelvic pain. There were 15 cases of focal adenomyosis and 5 of diffuse adenomyosis.

**Conclusion:** Adenomyosis can be associated with endometriosis (endometriomas, Deep Infiltrating Endometriosis and pelvic adhesions). As clinical features seem to be similar when both entities concur, it's important to rule out the presence of DIE and pelvic adhesions to schedule surgery properly.



Figure 1.Diffuse Adenomiosis seen in Ultrasound.



Figure 2. Deep infiltrating endometriosis nodule in Ultrasound