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EDITORIAL

ADENOMYOSIS - A CLINICALLY UNDERDIAGNOSED ENTITY

Adenomyosis is a benign uterine disease characterized by presence of endometrial glands and stroma within the myometrium. The endometrial tissue may be located on the surface or penetrate deep into myometrium. Endometrial ectopy is associated with myometrial hypertrophy, and results in a distinctive pattern of symptoms.

Hysterectomy specimens reveal the presence of hitherto unsuspected adenomyosis in 5 - 25% of specimens. It is associated with presence of leiomyoma in about 50% of cases, and pelvic endometriosis in about 10 -15% of patients.

The large majority of these patients

are parous, but multiparity has no discernible effect on the incidence or severity of the disease. Most patients present with menstrual disturbances, menorrhagia and poly menorrhoea are the commonest manifestations. It has been observed that these women do not generally respond favourably to hormonal therapy, danazol treatment or curettage.

Acquired and progressive dysmenorrhoea are known to occur in 25% of women. Pelvic examination often reveals a firm, globular and symmetrical enlargement of the uterus. Sometimes one wall (commonly the posterior) is more affected. In occasional cases, the disease

may produce a localized enlargement which mimics a fibromyoma. Clinical examination may reveal the uterus to be soft, boggy and tender in the premenstrual phase.

Ultrasonography is occasionally helpful. It reveals a bulky uterus, with cystic pools of ectopic endometrial tissue. Hysteroscopy may reveal diffuse endometrial pitting.

Attempt at medical suppression with oral contraceptives, cyclic progestins, androgens and danazol generally yield poor results.

Uterine curettage is generally not of much therapeutic value.

Hysteroscopic resection of the endometrium needs to be reviewed critically, as many women respond poorly and the chances of dysmenorrhoea worsening need due consideration.

As many of these women are elderly and post child-bearing age, a hysterectomy becomes the logical choice.

In an occasional young woman with a localized adenomyoma, local surgical resection with preservation of the uterus has been practiced, however, the chances of improvement of fertility in these women is still doubtful.

Dr. S.N. Daftary