MAVEN CENTRE
ADVANCED GYNAECOLOGY & WOMEN'S HEALTH

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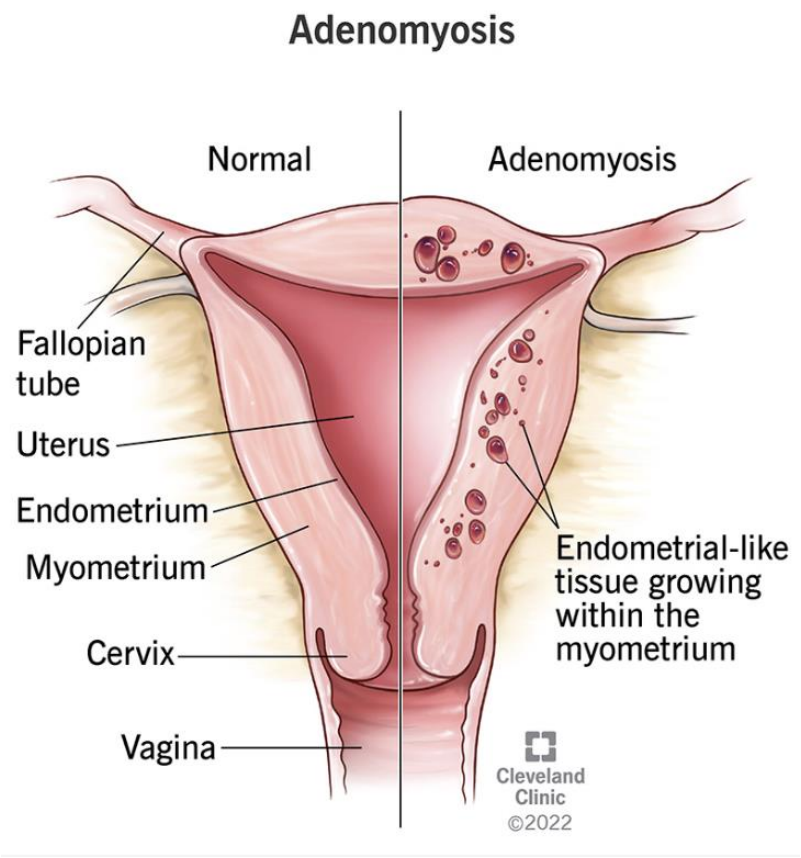
Adenomyosis: patient information

What is adenomyosis?



Adenomyosis is a benign condition, in which the lining of the uterus (called the 'endometrium') grows a little bit too deeply, into the muscle of the uterus (the 'myometrium').

Periods are caused by the uterine lining (the 'endometrium') getting thicker and shedding, leading to bleeding from the vagina. In adenomyosis, some of these endometrial glands grow a little too deeply, into the myometrium (the uterine muscle). These glands still respond to the monthly hormonal fluctuations: hence, they swell and get bigger for three weeks a month, then bleed during a woman's period.

What causes adenomyosis?

Experts aren't exactly sure what causes adenomyosis, but risk factors include:

- Age: most women with adenomyosis are in their later childbearing years, between 35 - 50yo
- Childbirth: many women with adenomyosis have given birth to more than one child. Endometrial tissue may invade the muscle when an embryo attaches to the uterine wall
- Previous surgeries: some studies suggest that prior uterine surgeries (e.g. Caesarean section, or a dilation and curettage), make adenomyosis more likely

How common is adenomyosis?

Strictly speaking, adenomyosis can only be definitively diagnosed after a woman's uterus is removed (e.g. at hysterectomy), and looked at under a microscope by a pathology doctor. Approximately 25% of uteruses that are removed surgically are found to have adenomyosis.

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There are many women walking around with adenomyosis, who haven't yet been diagnosed, so it's hard to guess the exact prevalence: estimates vary widely, from 5 - 70% of women.

What symptoms does adenomyosis cause?

'Adeno' is a common cause of problematic heavy and painful periods. Normally, the periods of a woman who has adenomyosis get increasingly heavy over time (especially during their late 30s and throughout their 40s). Period pain due to adenomyosis also tends to get worse with age.

Adenomyosis often causes the uterus to be bigger than usual, which can lead to abdominal distension, bloating, and pelvic heaviness.

How is adenomyosis diagnosed?

If a doctor examines you, they may find that your uterus is bigger than usual.

The next step towards diagnosing adenomyosis is a transvaginal ultrasound, which may show:

- A big (or 'bulky') uterus, which may be described as 'globular'
- One side of the uterus being thicker than the other (e.g. the back wall thicker than the front)
- A 'streaky' or 'heterogenous' texture to the uterine muscle (or 'myometrium')

Adenomyosis can also be suspected on MRI.

While adenomyosis may be suspected based on a patient's symptoms, ultrasound or MRI findings, it can only be definitively diagnosed when the uterus is analysed by a pathologist using a microscope (i.e. after a hysterectomy).

How is adenomyosis treated?

There are several management approaches: symptomatic relief; hormonal suppression; and surgical excision. Women with mild symptoms may manage their 'adeno' with medicines, while awaiting menopause. Women who have completed their families may opt for a hysterectomy.

<u>Symptomatic relief</u>

The main symptoms of adenomyosis can be relieved somewhat using:

- Simple pain relief, such as paracetamol, ibuprofen, and / or naprogesic
- Tranexamic acid and / or mefenamic acid tablets, taken during your period
- Iron supplementation, in the form of tablets or an iron infusion

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Hormonal suppression

Hormonal medications such as the combined contraceptive Pill, progesterone-only Pill, or Mirena intrauterine device can help to relieve heavy and painful periods, to some extent.

However, so-called 'pressure symptoms' (such as pelvic heaviness, abdominal bloating, and lower back pain) will remain.

Surgical excision

The only definitive management for adenomyosis is hysterectomy (an operation to remove the uterus). Once the uterus has been removed, you will not have any regular monthly bleeding, and your period pain should be much improved.

A hysterectomy is the only option to relieve pressure-related symptoms, such as pelvic heaviness, abdominal bloating, and lower back pain.

Surgical excision also allows the diagnosis to be made definitively, in that the uterus can be sent to the laboratory for the pathology doctors to examine under a microscope.

Frequently asked questions

What should I do if I have suspected adenomyosis, but am trying to conceive?

You can try the approaches listed above for symptomatic relief, such as: tranexamic acid; mefenamic acid; over-the-counter pain relief; and iron supplementation.

Can you remove the adenomyosis without removing the whole uterus?

Adenomyosis tends to affect the whole uterus. Sometimes, an ultrasound reports adenomyosis in one distinct area of the uterus (aka. 'focal adenomyosis'). In Europe, some gynaecologists perform 'adenomyomectomy' operations, when just the affected area of uterine muscle is removed. There is limited evidence to support this, and no Australian gynaecologists perform this operation.

Is 'endometrial ablation' an option to treat adenomyosis?

Endometrial ablation is a day procedure, in which the uterine lining is burnt. While endometrial ablation may help to lighten periods somewhat, it doesn't treat the underlying problem. Hence, ablation is less likely to be successful in women with adenomyosis.

This pamphlet is a general overview of adenomyosis, and may not apply to everyone.
If you have any further questions, please speak to your gynaecologist.