

Clinicopathological Study of Adenomyosis Cases

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Abstract

Background: Adenomyosis is a lesion of myometrium characterized by ectopic endometrium seen within the myometrium. There may or may not be hyperplasia of surrounding myometrium. A majority of cases are diagnosed following histological examination of hysterectomy specimens. *Objectives:* The aim of the study is to correlate adenomyosis which was diagnosed in hysterectomy specimens with clinical diagnosis and patient profile. *Methods:* It is a retrospective study of case records of all the patients whose hysterectomy specimens showed adenomyosis and analysed with regard to the clinical profile. *Results:* Of 250 patients studied the prevalence of adenomyosis was found to be highest in the age group 41-50. The chief symptom the majority presented with was menorrhagia followed by dysmenorrhea. In around 50% of cases, they were clinically diagnosed preoperatively.

Conclusion: The true prevalence of adenomyosis is still unknown. The data published in other studies were found to be consistent with the results in our study.

Keywords: Adenomyosis; Menorrhagia; Histopathology.

Introduction

Adenomyosis is a myometrial lesion which is characterized by

presence of ectopic endometrium within the myometrium with or without hyperplasia of the surrounding myometrium.

A majority of cases are diagnosed following the histological examination of hysterectomy specimens. The endometrial tissue should be at least one low powerfield deep from the endomyometrial junction, often round masses of myometrial smooth muscle proliferation is present around endometrial islands. Glandular tissue is usually inactive and of basalis or proliferative type of endometrium, but one fourth is functional.

Material and Methods

A retrospective study was done in the Department of Obstetrics & Gynaecology, Annapoorana Medical College and Hospital for the period of January 2014 - September 2017. 802 cases underwent hysterectomy during this period. 250 patients were diagnosed to be having adenomyosis.

The medical records in which the histopathological report was adenomyosis were reviewed. Information regarding age, chief complaints, clinical diagnosis were filled in to proformas. The data was analysed and tabulated. For the study paraffin sections of all the hysterectomy specimens were examined.

Gross picture – uterus is often asymmetrically enlarged, globular due to myometrial hypertrophy reflected by thickened myometrium. Cut surface appeared trabeculated with ill defined hypertrophic swirls of smooth muscle and petechia-like gray foci of endometrium. Blood filled cystic spaces may be seen. Described as basket weave pattern.

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Table 1: shows that the maximum prevalence is in the age group 41-50 [47.2%]. Next to that the prevalence in the 31-40 age group is 38.8%.

Table 2: shows that the dominant symptom that they presented with is menorrhagia followed by dysmenorrhoea. There is overlap of symptoms. For

example some cases presented as menorrhagia with prolapse uterus.

Table 3: shows 50.64% cases were diagnosed clinically as adenomyosis. 32.03% cases were diagnosed as DUB. 12.12% cases were diagnosed as fibromyoma.

Table 1: Age distribution of adenomyosis uteri

Age	Number	%
21-30	7	2.8
31-40	97	38.8
41-50	118	47.2
51-60	27	10.8
>60	1	0.4
Total	250	100

Table 2: Symptoms in patients with adenomyosis

Symptoms	Number	Percentage
Menorrhagia	185	74
Dysmenorrhoea	78	31.2
Pain lower abdomen	17	6.8
Mass descending pv	24	9.6

Table 3: Clinical diagnosis

Diagnosis	Number	%
Fibromyoma	28	12.12
DUB	74	32.03
Adenomyosis	117	50.64
Total	250	100.00



Fig. 1: Shows gross specimen with haemorrhagic cysts & trabeculated pattern

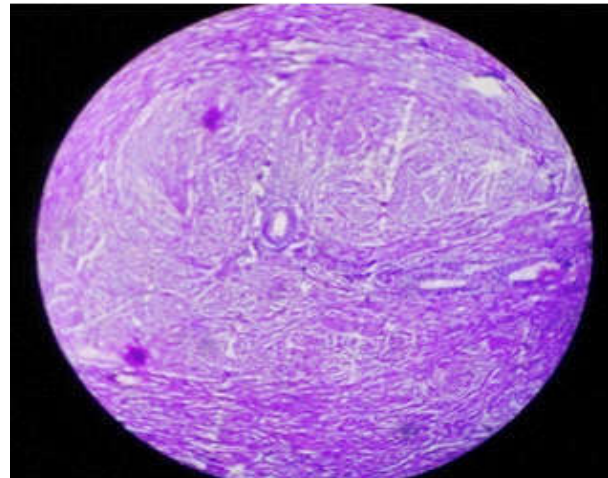


Fig. 2: Shows ectopic endometrial glands & stroma lying within myometrium

Discussion

Adenomyosis is a common condition detected in hysterectomy specimens. With the advent of ultrasonography, the preoperative diagnosis is better. Adenomyosis is a common cause of AUB.

Sonographic features include uterine enlargement, cystic anechoic spaces or lakes in myometrium, heterogenous ecotexture, obscure endomyometrial border, subendometrial halo thickening.

Compared to sonography, MRI is a better diagnostic tool but expensive. The sure diagnosis of

adenomyosis is made on a pathologic specimen. The only definitive treatment for adenomyosis is hysterectomy with or without ovarian conservation.

The main symptoms that the patient presents with is menorrhagia unresponsive to hormonal therapy or uterine curettage, congestive dysmenorrhoea (The gland tissue grows during menstrual cycle and then at menses tries to slough but the tissue and the blood cannot escape. This trapping of blood and tissue causes uterine pain in the form of monthly menstrual cramps), dyspareunia, chronic pelvic pain.

Endometrioid adenocarcinoma is often associated with adenomyosis, has good prognosis. Adenomyosis is a benign but often progressing condition. It is advocated that adenomyosis poses no increased risk for cancer development. Surgical extirpation is the best therapeutic option.

Conclusion

Our study is consistent with the findings of other researchers. The chief symptom of presentation is menorrhagia and the age group prevalence is between 30-50 yrs. It is found to be associated with high parity. A good gynaecologist may suspect adenomyosis based on the clinical features but the final diagnosis usually has to wait until hysterectomy is performed.

Source of Support

None declared.

Conflict of Interest

None declared.

Ethical Approval

The study was approved by the institutional ethics committee.

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