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A New Approach to the Treatment of Women of Reproductive Age with Adenomyosis

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Annotation: Adenomyosis is a chronic gynecological disease in which the endometrium grows into the myometrium. This disease causes inflammation, pain, and other unpleasant symptoms, which negatively affects women's quality of life. Adenomyosis most often occurs in women between the ages of 35 and 50. Adenomyosis is less common in women under 30, but it is not uncommon for this age group to be diagnosed with the disease. According to the literature, adenomyosis often occurs together with uterine fibroids. this complicates diagnosis and treatment. Gynecological surgeries, abortions, cesarean sections or other surgical interventions, and uterine injuries can contribute to the development of adenomyosis. Diagnosing adenomyosis is difficult and requires a comprehensive approach. This review article analyzes several complex treatment methods and compares them with each other.

Keywords: adenomyosis, endometrium, myometrium, uterine fibroids.

Introduction: Adenomyosis is a gynecological disease characterized by the invasion of the endometrium into the myometrium, which leads to structural and functional changes in the uterus. The disease most often occurs in women of reproductive age and is associated with symptoms such as chronic pelvic pain, dysmenorrhea, and menorrhagia. However, the actual frequency of adenomyosis in women of reproductive age may vary depending on the diagnostic methods and the population studied. In publications, the prevalence of adenomyosis varies greatly according to the results of histological analysis of postoperative material from the removed uterus.

Adenomyosis is more often detected in young women with pain syndrome: in 32-51% - with infertility, in 29% it is asymptomatic, which is shown by visualization methods: transvaginal ultrasound and magnetic resonance imaging (MRI). In a recent in-depth study of infertility patients, the prevalence of adenomyosis was 23.4% in women aged 40 and older and 22% in women under 40. This percentage increased to 38.2% in cases of recurrent pregnancy loss and 34.7% in cases of previous failures of assisted reproductive technologies.

Materials and methods.

A systematic review of the scientific literature published in peer-reviewed journals over the past 10 years was conducted to analyze the incidence of adenomyosis. The data included ultrasound, magnetic resonance imaging, and histological examinations performed among women aged 18 to 45 years.

Results: The incidence of adenomyosis in women of childbearing age is common - from 5% to 70%, depending on the diagnostic method:

1. Ultrasound diagnostics detects adenomyosis in 20-35% of cases.

2. Magnetic resonance imaging (MRI) provides high accuracy and detects adenomyosis in 30-50% of cases.

3. From hysterectomy then taken uterus of the material histological inspection high indicators shows - up to 70 % , this heavy symptoms was patients choice with explained .

The etiology of adenomyosis is still unclear. Of all the theories of pathogenesis, two are considered the most popular. The first theory is based on the assumption that the basal glands of the endometrium and stroma penetrate (invaginate) into the underlying myometrium, which causes the development of internal adenomyosis. It has been established that with adenomyosis, more pronounced and asynchronous uterine contractions are observed.

Currently, the problem of adenomyosis has become even more relevant due to its negative impact on pregnancy outcomes. In a case-control study of women undergoing in vitro fertilization (IVF), the implantation rate in patients diagnosed with adenomyosis was slightly lower than in patients without adenomyosis. The wide range of disease indicators is due to differences in diagnostic methods, population characteristics, and the lack of standardized diagnostic criteria. Ultrasound is the most convenient method, but has limitations in visualizing deep myometrial lesions. MRI has high sensitivity and specificity, but its use is limited due to its high cost. Histological examination remains the “gold standard”, but its use is limited by the invasiveness of the method.

The risk of developing adenomyosis increases with age, and previous uterine surgery (cesarean section) and pelvic inflammatory disease are also more likely to cause the development of adenomyosis.

Discussion: Symptoms of adenomyosis can vary depending on the severity of the disease, but often include the following:

1. Painful menstruation (dysmenorrhea) - very severe pain in the lower abdomen.

2. Heavy menstruation (menorrhagia) - an increase in the amount and duration of menstrual bleeding.

3. Intermenstrual bleeding - sudden bleeding between periods.

4. Pain during sexual intercourse (dyspareunia) - discomfort and pain during sexual intercourse.

5. Abdominal and pelvic pain - constant or periodic pain, not related to menstruation.

6. Uterine enlargement - the uterus may become significantly larger and harder.

Treatment of adenomyosis includes a rather complex complex of drugs: Anti-inflammatory drugs: to eliminate pain and inflammation; Hormonal therapy: oral contraceptives, progestins, GnRH

agonists to regulate the menstrual cycle; Analgesics to reduce pain. Surgical treatment: Laparoscopy - a minimally invasive operation to remove adenomyosis foci. Hysterectomy: complete removal of the uterus when other treatment methods are ineffective and in severe forms of the disease. Physiotherapy treatments: the use of heat, ultrasound, electrophoresis and other physiotherapy methods to reduce pain and inflammation. This treatment is effective in the early stages of the disease

Conclusion: Adenomyosis is a common condition among women of childbearing age, but its

The actual incidence depends on the diagnostic method and the population selected. Diagnostics and

To improve early detection of the disease, unified criteria and standardization of imaging methods are necessary.

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