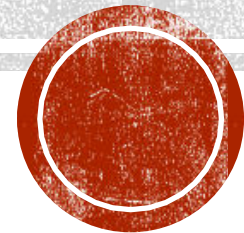


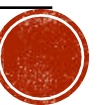
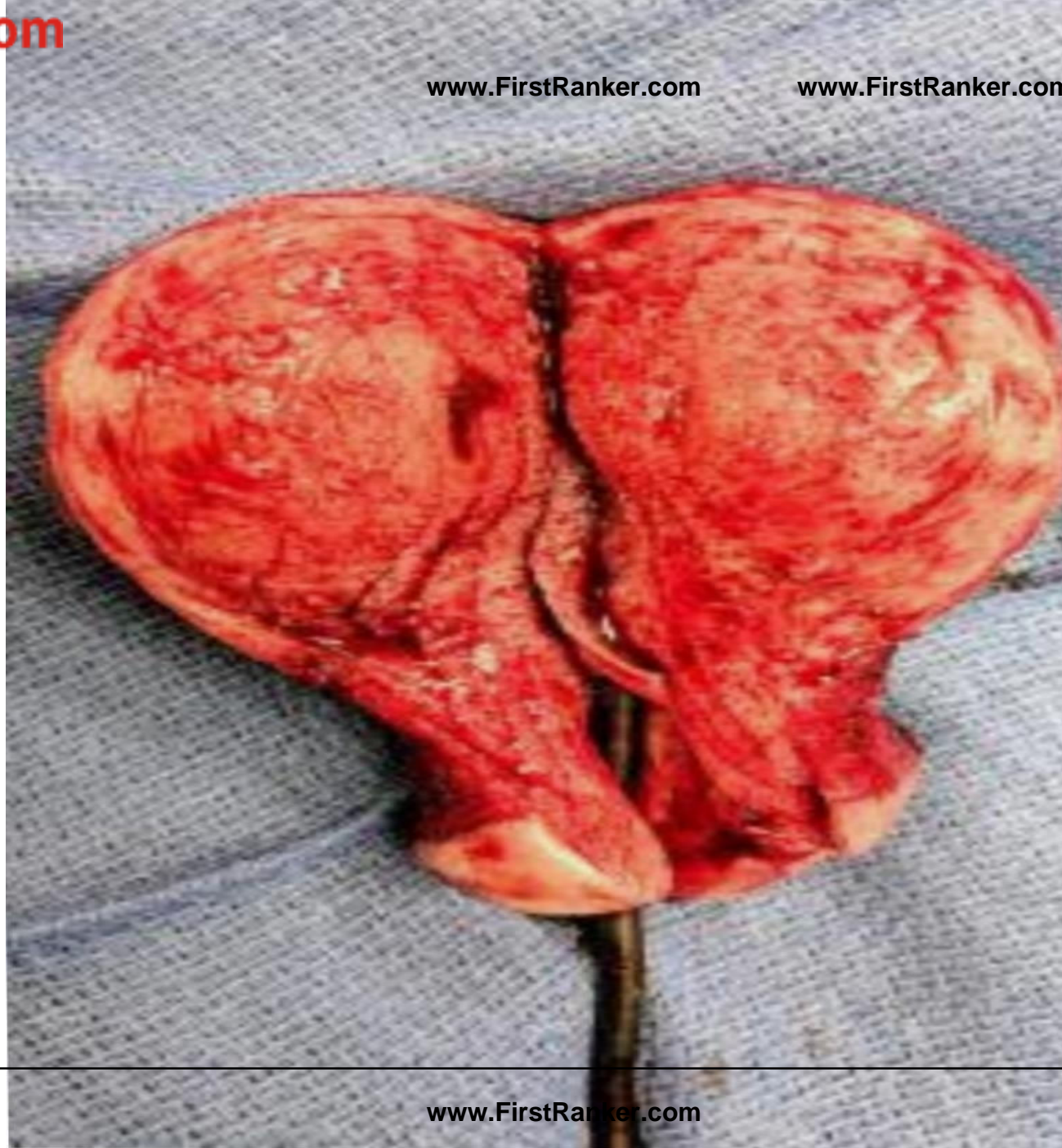
# ADENOMYOSIS



# DEFINITION

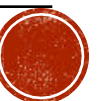
- Benign ingrowth of the endometrium (both glandular and stromal) into the myometrium





# PATHOLOGY

- Uterus diffusely enlarged due to myometrial hyperplasia
- Enlargement asymmetrical and more on the posterior wall
- 12-14 week size
- Cut section thickening of uterine wall with trabeculated appearance
- No capsule
- Microscopy glandular cells surrounded by stromal cells in myometrium



# CLINICAL FEATURES

- Usually asymptomatic
- Usually parous and in forties
- Endometriosis and fibroids coexist



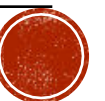
# SYMPTOMS

- Menorrhagia
- Menometrorrhagia
- Congestive dysmenorrhoea
- Deep dyspareunia premenstrually



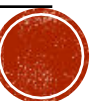
# SIGNS

- Uterus enlarged
- Uterus softer than normal
- Pelvic examination show uniform uterine enlargement with no restriction of mobility



# ULTRASOUND & MRI

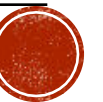
- Enlarged uterus
- Asymmetric enlargement of the posterior wall
- Myometrium multiple cysts with increased vascularity
- Junction of endometrium and myometrium may be Indistinct
- MRI
- Widening of junctional zone thickness 12 mm or more
- Lack distinct border





# MANAGEMENT

- Depends on age and desire for future fertility
- NSIADs
- Oral contraceptives
- Total hysterectomy
- Resection
- Laproscopic myometrial electrocoagulation



# THANK YOU

