Soheil A. Hanjani, MD, FACOG, FACS

Obstetrics & Gynecology

830 Oak Street
Brockton, MA 02301
(508) 583-4961
Fax (508) 583-4732
Soheil.Hanjani@Steward.org

ADENOMYOSIS

Adenomyosis is a condition in which the tissue that normally lines the inside of the uterus (endometrium) begins to grow in the muscle wall of the uterus. This happens most often late in your childbearing years after having children.

Adenomyosis is related, but differs from endometriosis — a condition in which the uterine lining becomes implanted outside the uterus — although women with adenomyosis often may also have endometriosis. The disease typically disappears or at least improves after menopause. For women who experience severe discomfort from adenomyosis, certain treatments can help, but hysterectomy is the only cure.

Sometimes, adenomyosis is silent — causing no signs or symptoms — or only be mildly uncomfortable. In other cases, adenomyosis may cause:

Heavy or prolonged menstrual bleeding
Severe cramping or sharp, knife-like pelvic pain during menstruation (dysmenorrhea)
Menstrual cramps that last throughout your period and worsen as you get older
Pain during intercourse
Bleeding between periods
Passing blood clots during your period

Your uterus may double or triple in size. Although you might not know if your uterus is enlarged, you may notice that your lower abdomen seems bigger or feels tender.

The cause of adenomyosis isn't known. Some experts believe that adenomyosis results from the direct invasion of endometrial cells from the inner surface of the uterus into the muscle that forms the uterine walls. Uterine incisions made during an operation such as a cesarean may promote the direct invasion of the endometrial cells into the wall of the uterus. Other experts speculate that adenomyosis originates within the uterine muscle from endometrial tissue deposited there when the uterus first formed in the female fetus. Another theory suggests a link between adenomyosis and childbirth. An inflammation of the uterine lining during the postpartum period might cause a break in the normal boundary of cells that line the uterus. A recent theory proposes that bone marrow stem cells may invade the uterine muscle, causing adenomyosis.

Regardless of how adenomyosis develops, its growth depends on the circulating hormone, estrogen, in a woman's body. When estrogen production decreases at menopause, adenomyosis eventually goes away, or at least becomes less bothersome.

Risk factors for adenomyosis include:

Prior uterine surgery, such as a C-section or fibroid removal
Childbirth
Middle age

Most cases of adenomyosis, which depends on estrogen, are found in women in their 40s and 50s, with a low incidence after menopause. Finding adenomyosis in middle-aged women could relate to longer exposure to estrogen compared with that of younger women.

Although not always harmful, the pain and excessive bleeding associated with adenomyosis can have a negative effect on your lifestyle. You may find yourself avoiding activities that you previously enjoyed because you have no idea when or where you might start bleeding. Painful periods can cause you to miss work or school and can strain relationships. Recurring pain can lead to depression, irritability, anxiety, anger and feelings of helplessness. If you experience prolonged, heavy bleeding, chronic anemia may result. It is important to seek medical evaluation if you suspect you may have adenomyosis.

Medically we may suspect adenomyosis based on:
1. Signs and symptoms
2. A pelvic exam that reveals an enlarged and possibly tender uterus
3. Ultrasound imaging of the uterus
4. Magnetic resonance imaging (MRI) of the uterus
5. In some instances hysteroscopy (a thin telescope like device is inserted into the uterus through the vagina and cervix and the inside lining is visualized) and/or endometrial biopsy (a sample of cells from your uterine lining are taken for testing) are carried out to check the uterus and verify that your abnormal uterine bleeding isn't associated with any other serious condition. However, such a biopsy does not help confirm a diagnosis of adenomyosis. The only way to be certain of adenomyosis is to examine uterine tissue using a microscope after removal of the uterus (hysterectomy).

Many women have other uterine diseases that cause signs and symptoms similar to adenomyosis, making adenomyosis more difficult to diagnose. Such conditions include fibroid tumors (leiomyomas), uterine cells growing outside the uterus (endometriosis) and growths in the uterine lining (endometrial polyps). Often, we diagnose adenomyosis only after we determine there are no other causes for your signs and symptoms.

Treatment options for adenomyosis include:

1. Self-care measures: Soak in a warm bath; Use a heating pad on your abdomen; Take an over-the-counter anti-inflammatory medication, such as ibuprofen (Advil, Motrin IB, and others).

2. Anti-inflammatory drugs: If you're nearing menopause and your symptoms are not severe we may have you try prescription anti-inflammatory medications, such as ibuprofen, to control the pain.
By starting an anti-inflammatory medicine two to three days before your period begins and continuing to take it during your period, you can reduce menstrual blood flow and help relieve pain.

3. Hormone medications:
Controlling your menstrual cycle through combined estrogen-progestin oral contraceptives or through hormone-containing patches or vaginal rings may lessen the heavy bleeding and pain associated with adenomyosis.
Progestin-only contraception, such as an intrauterine device containing progestin or a continuous-use birth control pill, often leads to amenorrhea (the absence of your menstrual periods) which may provide relief.
Orilissa (Elagolix) tablets or Lupron (Leuprolide acetate) shots can induce temporary menopause and can provide temporary but very effective relief of symptoms.

4. Hysterectomy: If your pain is severe and you have no desire for future child-bearing you may consider surgery to remove your uterus (hysterectomy). Removing your ovaries isn't necessary to control adenomyosis.