Influence of adenomyosis on pregnancy outcome and first and second trimester markers of impaired placentation in women with endometriosis

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OBJECTIVES: Previous studies correlated endometriosis and adverse pregnancy and perinatal outcomes. However, the role of adenomyosis as a risk factor for adverse perinatal outcomes in women with endometriosis has yet to be established. The aim of this study was to explore if fetal and maternal outcomes, in particular the incidence of small for gestational age (SGA) infants, are different in pregnant women with only endometriosis (E) and in those with the concomitant presence of diffuse (EDA) or focal adenomyosis (EFA).

METHODS: This is a retrospective analysis of a database collected prospectively during a three-year period. The study included 206 pregnant women with endometriosis; 148 (71.8%) with E, 38 (18.4%) with EFA and 20 (9.7%) with EDA. Adenomyosis was diagnosed by ultrasonography, it was classified in focal or diffuse. The study included patients who conceived spontaneously or by assisted reproductive techniques.

RESULTS: The three groups were similar in demographic characteristics (age, body mass index, mode of conception). Patients with diffuse adenomyosis compared with those with only endometriosis had significantly lower PAPP-A MoM (0.61 vs 0.88 MoM, p<0.001), higher mean uterine artery pulsatility index (UA PI) in the 1st (2.23 vs 1.67, p<0.001) and 2nd (1.30 vs 0.94, p<0.001) trimester of pregnancy, and higher incidence of SGA (40% vs 14.3%, p<0.001; respectively). No statistically significant difference was found in patients with focal adenomyosis compared to those with only endometriosis. Logistic regression analysis demonstrated that 2nd trimester UA PI (OR=4.887 CI 95% 1.287-18.566; p=0.020) and diffuse adenomyosis (OR=3.902 CI 95%1.161-13.110; p=0.028) were the two only independent risk factors for SGA.

CONCLUSIONS: The presence of diffuse adenomyosis in pregnant women with endometriosis is strongly associated with SGA infants. Women with diffuse adenomyosis should be treated as being at high risk of placental dysfunction, therefore, these pregnancies might need a closer monitoring.

Keywords : adenomyosis; endometriosis; pregnancy; ultrasonography
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