SURGICAL CONSERVATIVE MANAGEMENT FOR TREATMENT OF ADENOMYOSIS: CONSERVATIVE ADENOMYOMECTOMY

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INTRODUCTION:
Adenomyosis is defined as the presence of heterotopic endometrial glands and stroma within myometrium with a variable degree of adjacent myometrial hiperplasia.
Surgical treatment is traditionally based on hysterectomy being the most effective terapeutic option for adenomyosis. Conservative surgical treatments are questionable because lesions are not often clearly defined and results are still unclear.

PATIENT AND METHODS:
34 year old women with a big focal posterior adenomyosis without DIE or ovarian endometriosis (focal-type adenomyosis). Patient suffered from abnormal uterine bleeding, dysmenorrhea and a 6 years infertility.
Preoperative study included:
- 3-D TVUS: globular uterine enlargement, adenomyosis according MUSA criteria,distinguishing a right posterolateral adenomyoma of 103x70x67mm.
- MRI: asymetric uterus with a difuse uterine enlargement and a presence of a mass of 88x62x66mm with an abnormal myometrial signal intensity and foci of high-signal intensity on T1-weighted images.
- Histeroscopy: large cavity with right lateral uterine deformity with an irregular endometrium, isolated endometrial defects and cystic hemorrhagic lesions with an altered vascularization.

We planned a laparoscopic conservative surgery treatment with previous UAE with resorbable material to prevent excessive intraoperative bleeding.
Prior and after surgery, patient was under contraceptive pills (etinilestradiol 0.03mg+Dienogest 2mg) since IVF treatment was planned.

Laparoscopic approach included a careful recognition of the adenomyotic foci and their borders by inspection, a transversal incision of the posterior uterine wall along the lesion was done; delicate dissection using bipolar forceps and suction of the adenomyoma from the surrounding relatively healthy myometrium tissue, trying to preserve of maximal residual serosa or serosa-muscular layer; closure and reconstruction of the defect was using a two layers of barbed absorbable suture.

RESULTS:
Anatomopathologyc analysis revealed multiple fragments of adenomatous tissue of 13x10x3cm with immature proliferative pattern surrounded by a zone of myometrial hypertrophy and hyperplasia.
3-DTVUS 3 months postop revealed a residual fundic right focus of adenomyosis of 25mm.
Hysteroscopy 2 months postop: normal cavity , with a smaller deformity in right antero-lateral wall, thin pseudocystic endometrium on the right side, less hemorrhagic lesions and suture from the posterior scar was observed covered by fibrin.
Patient improved symptoms of HMB and dysmenorrhea ans is still waiting for an in vitro fertilization procedure.

CONCLUSION: there are few studies about conservative surgical treatments for adenomyosis, it is a possible option to improve symptoms but in terms of fertility (low pregnancy rates) there is an absence of consensum and there still remains the challenge of not defined results due to problems related to the surgical techniques that modify uterine anatomy because of the scar tissue formation and reduction of uterine volume and myometrium.

Keywords : Adenomyosis; conservative surgical treatment; adenomyomectomy
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