

# Diagnosis and treatment of adenomyosis

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## 1 Adenomyosis is a common cause of dysmenorrhea and heavy menstrual bleeding

Adenomyosis is a benign gynecological disorder characterized by aberrant development of endometrial glands and stroma within the myometrium, causing inflammation and neuroangiogenesis.<sup>1,2</sup> Adenomyosis often coexists with other gynecological conditions and may cloud the clinical presentation (Appendix 1, available at [www.cmaj.ca/lookup/doi/10.1503/cmaj.201607/tab-related-content](http://www.cmaj.ca/lookup/doi/10.1503/cmaj.201607/tab-related-content)).<sup>1</sup>

## 2 Adenomyosis can affect any reproductive-aged woman, with incidence and severity increasing with age

Historically thought to affect only older women, adenomyosis is now identifiable on imaging in 30% of women younger than 40 years.<sup>1,2</sup> Up to 30% of women with adenomyosis are asymptomatic and symptoms resolve after menopause; asymptomatic or menopausal women do not require management.<sup>1,3,4</sup>

## 3 Transvaginal ultrasound is the first-line diagnostic test for adenomyosis

All women presenting with dysmenorrhea or heavy menstrual bleeding should receive a transvaginal ultrasound to assess for adenomyosis as well as to exclude other structural causes (e.g., polyps, fibroids). Transvaginal ultrasound has a sensitivity of 83.8% and specificity of 63.9% for adenomyosis, and confirmatory testing with magnetic resonance imaging is usually not required.<sup>2</sup>

## 4 Medical management is effective for symptom control in most women with adenomyosis

Empiric therapy may be started before ultrasound results are received. The levonorgestrel intrauterine system is the most-studied treatment, with the largest randomized controlled trial ( $n = 86$ ) showing comparable improvement in hemoglobin and quality of life compared with hysterectomy at 6 months.<sup>5</sup> Other treatments include tranexamic acid, nonsteroidal anti-inflammatory drugs, combined hormonal contraceptives and other progestins (norethindrone acetate, medroxyprogesterone, dienogest). If initial treatment fails after 3–6 months, referral to a gynecologist is suggested, to consider other medical (i.e., gonadotropin-releasing hormone agonists), interventional or surgical options.<sup>1,3,5</sup>

## 5 Adenomyosis, whether symptomatic or asymptomatic, may affect fertility

Referral to a fertility specialist is appropriate for patients presenting with subfertility or recurrent miscarriage, especially after the age of 35 years.

## References

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