

Adenomyosis

What is adenomyosis?

Adenomyosis is an oestrogen dependent chronic inflammatory condition that can affect women and those AFAB (assigned female at birth) at any age but is more common in the second half of the reproductive phase (late 30's, 40's and 50's). The condition is often likened to **endometriosis** (deep internal endometriosis) and can co-exist with endometriosis, fibroids, and other oestrogen dependent conditions.

What happens in adenomyosis?

In adenomyosis, some of the lining (endometrium) of the womb (uterus) that sheds every month burrows itself deep into muscle wall (myometrium) of the womb and continues to grow and bleed each month, enlarging the womb. It may be found as a focus of adenomyosis (known as an adenomyoma) or as generalised adenomyosis.

Why does adenomyosis occur in some women?

The reasons for developing adenomyosis is not entirely clear, but some of the risk factors include caesarean sections and previous treatment to the lining of the womb such as a D and C or treatment to fibroids as well as childbirth and increasing age. Inflammation appears to be a factor in some women especially after childbirth. However, the presence and growth of adenomyosis is dependent on oestrogen in the body. That is why the condition tends to settle in the menopause when hormones levels, especially oestrogen levels drop and may sometimes flare up again on menopausal hormone therapy.

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What are the signs/symptoms of adenomyosis?

This is not a life-threatening condition nor is it cancerous but can impair quality of life significantly. Painful and /or heavy periods especially recent onset of painful or heavy periods (secondary dysmenorrhoea), chronic pelvic pain, soreness and achy tummy, painful intercourse, anaemia, tiredness and fatigue and low iron stores from heavy periods and subfertility are commonly seen in this condition. A bulky enlarged uterus which is quite tender on internal examination can be a clue.

What tests may be offered to diagnose adenomyosis?

A full blood count may be requested to test haemoglobin levels to check for anaemia as well as iron store levels which can drop (ferritin levels).

MRI pelvic imaging or a pelvic ultrasound scan can often be very helpful in reaching a diagnosis and both these are not painful tests. An internal pelvic transvaginal scan can sometimes cause a bit of transient discomfort but there is usually a chaperone who will help reassure you.

These tests also help to check for other conditions such as **fibroids**, **endometrial polyps** and **endometriosis** which can cause heavy periods.

How is adenomyosis treated?

Many women benefit from a progesterone containing intrauterine device that stops or lightens periods and prevents the lining from growing as much. The hormonal pill, both the combined and progesterone pill may help in some situations too. For some women, after proper counselling, especially if they have completed their family, a hysterectomy (removal of the uterus) may be offered as this operation can improve quality of life. This is a major

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operation not without risks, so through informed consent with the person involved with all options discussed before proceeding. An injection (GnRH gonadotrophin analog) 4-12 weeks before the surgery helps to stop the periods, improve haemoglobin levels, shrink the uterus, and make the operation more successful with less blood loss and fewer complications. This is in the patient's best interests but can cause low mood and hot flushes in some but passes in a few weeks. It is not used long term as a solution for heavy periods.

Lifestyle modifications including eating an abundance of fibre rich whole plant foods (fruits, green leafy vegetables, intact wholegrains, legumes, herbs, spices, nuts and seeds), weight loss where indicated, addressing sleep, managing stress, avoiding smoking, alcohol and regular exercise all help to reduce excess oestrogen levels, normalise hormone levels and reduce inflammation. This approach helps many of my patients with very positive results, either on its own or alongside medical treatment as indicated.

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