

## 9<sup>th</sup> Yazd International Congress and Student Award on Reproductive Medicine with 4<sup>th</sup> Congress of Reproductive Genetics

### Oral Presentations

#### O-10

**A detailed study in adenomyosis and endometriosis; evaluation of the rate of coexistence between uterine adenomyosis and DIE according to imaging and histopathology findings**

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**Background:** Endometriosis and adenomyosis are common gynecological disorders and in this work we want to evaluate the co-existence of these two diseases.

**Objective:** The current study was designed to evaluate the relationship between adenomyosis and its subtypes with endometriotic lesions ovarian endometrioma (OMAs) along with the posterior deep infiltrative endometriosis (DIE). We also examined the accuracy, sensitivity, and specificity of both transvaginal sonography (TVS) and magnetic resonance imaging (MRI) in diagnosis of adenomyotic uterus.

**Materials and Methods:** In this retrospective cross-sectional study, we selected 154 women with coexistence of endometriosis and adenomyosis according to their imaging, intra operative or pathological findings who were nominated for laparoscopic surgery. Eighty-six patients undergoing DIE resection without laparoscopic hysterectomy (group 1), and 68 patients with laparoscopic hysterectomy plus DIE resection (group 2).

**Results:** The accuracy, sensitivity and specificity of ultrasonographic and MRI findings for adenomyosis diagnosis were 72.1%, 77.6%, 40.0% and 49.2%, 41.5%, 90.0% respectively. Therefore TVS was more sensitive diagnostic tool for detecting adenomyosis, however, MRI was more specific than TVS in diagnosis of diffuse adenomyosis especially with simultaneous presence of uterine leiomyoma. Regarding the association of different types of adenomyosis (focal and diffuse) with different endometriosis lesions (OMA and posterior compartment DIE), we found that diffuse type of adenomyosis is more frequent in the absence of rectal and rectovaginal septum DIE ( $p \leq 0.05$ ).

**Conclusion:** In addition to the questionable different nature of rectal and rectovaginal septum DIE lesion, there is no relationship between adenomyosis subtypes and endometriotic lesions.

**Key words:** Adenomyosis, Endometriosis, MRI.

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