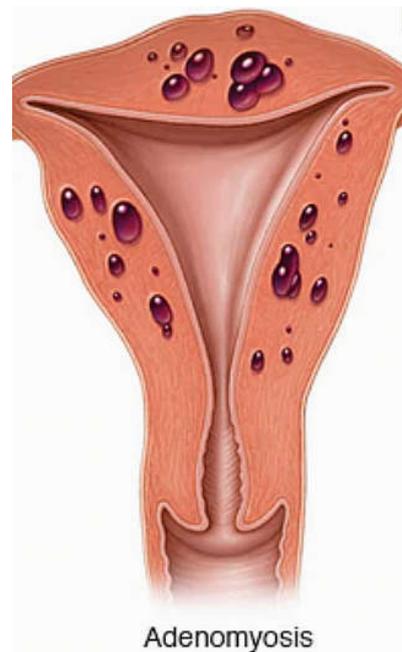


Adenomyosis (pronounced ad-uh-no-my-O-sis), occur when the lining of the uterus (the endometrium) grows into the uterine muscle (myometrium), causing an enlarged uterus and heavy, painful periods. It can show on ultrasound as a 'bulky' uterus. Hormonal treatments can help, and symptoms may improve after menopause.

What are the usual symptoms?

- ∂ Heavy or prolonged menstrual bleeding
- ∂ Severe menstrual cramping or sharp menstrual pain
- ∂ Pelvic pressure or tenderness in the lower abdomen, or pressure on the bladder, due to an enlarged uterus
- ∂ Chronic pelvic pain
- ∂ Pain during intercourse
- ∂ Fatigue and other health problems associated with anaemia

Symptoms overlap with other conditions such as endometriosis and fibromyalgia, which can also be present.



Causes

There are a number of theories:

- **Invasive tissue growth:** Direct invasion of the endometrial tissue cells, perhaps during a Caesarean-section (C-Section).
- **Developmental origins:** From endometrial tissue displaced during development of the foetus.
- **Uterine inflammation related to childbirth:** From inflammation of the uterine lining after child-birth.
- **Stem cell origins:** A more recent theory proposing bone marrow stem cells invade the uterine muscle.

Risk factors

- ∂ **Surgical:** prior uterine surgery such as a Caesarean-section or fibroid removal.
- ∂ **Childbirth**
- ∂ **Age:** adenomyosis was thought to affect mostly women aged 35-50, but recent research suggests it may be more common in younger women than expected.

Impacts

Lower quality of life associated with the pain, excessive bleeding and fatigue associated with adenomyosis and anaemia, which can disrupt lifestyle – for example avoiding activities.

What should I do if I think I have Adenomyosis?

Use this quiz to help you decide if you need to seek medical advice:

- Do you have heavy, prolonged or painful periods, or chronic pelvic pain?
- Do you have pelvic pressure or tenderness in the lower abdomen, or pressure on the bladder?
- Do you have anaemia or the symptoms of iron deficiency such as fatigue?

If you're experiencing these sorts of symptoms affecting your daily life, take this fact sheet to your GP to discuss investigations for adenomyosis. Tests could include:

- ∂ A pelvic exam that shows an enlarged and tender uterus
- ∂ A pelvic ultrasound that shows an enlarged or 'bulky' uterus. An ultrasound is useful to distinguish adenomyosis from fibroids.
- ∂ MRI of the uterus and pelvic area

What can help?

If symptoms are only mildly annoying, watchful waiting may be suggested, as adenomyosis tends to improve after menopause when levels of hormones drop. Mild hormone therapies such as oral contraceptive and Mirena IUD can help with symptom control. Iron supplements may help address anaemia while NSAIDs (non-steroidal anti-inflammatories) may help with pain, particularly if taken a couple of days prior to menstruation. Hot baths and heat packs may also help with pain symptoms. If these options are unsuccessful, a hysterectomy (surgical removal of the uterus) may be suggested by a gynaecologist.

Suggested Resources:

- Wikipedia and Mayo Clinic articles found by searching for Adenomyosis
- See also the Insight Endometriosis fact sheets on Fibroids, Fibromyalgia and Symptom Diaries.

For more information: visit www.InsightEndometriosis.org.nz or [www.Facebook.com/InsightEndometriosis](https://www.facebook.com/InsightEndometriosis) or contact our Educator, Annette ph 07 8555 123 | email info@InsightEndometriosis.org.nz | FB message.
