Adenomyosis and adenomatoid tumours in infertility patients

Peters Göntje  (DE) [1], Alkatout Ibrahim  (DE) [2], Mettler Liselotte  (DE) [3]

Context
From the surgical point of view, hysterectomy is currently considered the most and only effective treatment for symptomatic adenomyosis besides laparoscopic excision.

Objectives:
To present laparoscopic excision of adenomyosis and two cases of adenomatoid tumours.

Methods, Patients and Interventions
1) Endometriotic lesions were biopsied and the pathohistological outcome was compared to the suspected diagnosis in 216 patients.
2) We performed histological diagnosis of focal endometriosis either by ultrasound guided needle biopsy or by endometrial resection.
3) Two women with uterine adenomatoid tumour

Main Outcome Measures and Results
1) In black and red lesions, including endometriomas, the suspected diagnosis was confirmed in >90% of cases and in white lesions only in 53 %.
2) In all patients we performed a laparoscopic resection (n=35)
3) Tumor excision is difficult because of the missing capsule. There is no clear plane of cleavage.

Conclusions: 1) Purely morphological criteria are not sufficient but these laparoscopic findings are still our most reliable points of reference.

2) Vaginal ultrasound combined with transabdominal or transvaginal myometrial biopsy established the diagnosis of adenomyosis in 35 infertility patients.

3) The proper laparoscopic handling of these tumours is crucial (two cases of adenomatoid tumours).

INSTITUTE.