Adenomyosis affects on high incidence of gynaecological disorders as on reproduction function and quality of life.

Objective: To analyse the reproductive health in women with adenomyosis.

Materials We analyzed the reproductive health in 1000 women with genital endometriosis. Mean age was 39,5±5,7yy.

Results. Adenomyosis was detected in 67,8%, from them 64,4% had the combinations with non-malignant pathology of endo- and myometrium. The frequency of combination of adenomyosis and myoma was 64,3%. Menarche was at the age of 10,7±0,4yy. The infertility rate was 53,4%. The items of infertility had already been solved in 40,1% cases. The menstruations were painful in 100% cases; excessive menstruations were in 75,8%; 76,5% pts had clots during menstruation, and 54,7% blood smear discharge which appeared before and after menstruation. Painful sexual intercourse was in 16,3%, increase of pain syndrome in regular sexual life was in 2,1%, without regular sexual life in 24,3%. Acyclic bleeding was in 3,5 % pts. More than 50% pts complain of roughening of breasts before menstruation 4,9±0,6 days. Galactorrhea was in a quarter of pts. In 253 pts with galactorrhea the mean level of prolactin was 434,7±18,9 IU/ml. According to ultrasound, fibrocystic mastopathy was in 54,0%. Among the patients with adenomyosis the rate of spontaneous miscarriages was 45%. Association adenomyosis with inflammatory disorders of genitals was 13,7%. Combination of adenomyosis and hysteromyoma is 25,7%, combination of adenomyosis and hyperplastic processes was 39,4%, ovarian cysts were detected in 17,8%.

Thus, compromised obstetric and gynecologic history, hormonal disorders serve as an unfavorable background for development of adenomyosis. In adenomyosis it is recommended to determine the level of prolactin, to perform the ultrasound examination of breast.