

ADENOMYOSIS AND INFERTILITY: THE THERAPY CONTROL

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Adenomyosis is a common gynecology disease, that appears in reproductive age. Its prevalence is from 5 to 70% The adenomyosis is a reason of infertility in 30% of women.

Objectives: to estimate the ultrasound markers of adenomyosis in infertility.

Material and methods: 49 patients with adenomyosis have been examined; they were divided into two groups according to intensity of dyspareunia: 1st group consists of 26 patients (53.1%) and 2nd - 23 patients (46.9%). The age in both groups were $31.7\hat{A}\pm3.2$ years. It has been performed the ultrasound assessment on 5-7th and 22-25th days of menstrual cycle with estimating of indexes resistance indexes (RI) on arteries uterine and Hatle index (ProFocus 2202, Denmark; HD15 USA, and SonoScape SSI – 1000, China).

Results: this prospective study has shown that apart from adenomyosis the prevalence of inflammatory pelvic disease was (43.7%), cervical ectopy (22.7%), fibroid uterus (13.4%). The pregnancy rate was 70.4%, delivery in 53,4% of cases, the artificial abolition in 45.7%. There were 29.6% of women who haven't pregnancies at all. The RI of right arteries uterine (RAU) in 1 group was $1.02\hat{A}\pm0.107$, 2nd - $0.97\hat{A}\pm0.14$; RI left arteries uterine (LAU): $0.92\hat{A}\pm0.091$ and $1.05\hat{A}\pm0.22$ respectively. The Hatle index was 205.46 $\hat{A}\pm9.651$ and 204.35 $\hat{A}\pm13.87$ in 1st and 2nd groups respectively.

Women of the fist group were treated with Dienogest during 6 months, in the second group were treated with agonists gonadothropin-releasing hormone. As a result of treatment RI RAU in the 1st group decreased to $0.7\hat{A}\pm0.08$ and RI LAU – to $0.75\hat{A}\pm0.8$ ($\tilde{N} \in <0,005$). In the 2nd group RI RAU decreased to $0.8\hat{A}\pm0.1$ and RI LAU – $0.76\hat{A}\pm0.12$, respectively ($\tilde{N} \in <0,005$). The Hatle index decreased to 177.81 $\hat{A}\pm11.42$ and 183.09 $\hat{A}\pm9.38$ in 1st and 2nd groups respectively ($\tilde{N} \in <0,005$).

Conclusion: the application of RI arteries uterine and Hatle indexes permits to estimate the therapy duration with gestagens or agonists gonadothropin-releasing hormone in adenomyosis.

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