

## 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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