



Indian FERTILITY Society

SONO-NAVIGATOR SERIES

ROLE OF ULTRASOUND IN DIAGNOSING ADENOMYOSIS

INTRODUCTION

Adenomyosis was first described by Rokitansky in 1860 as “**cystosarcoma adenoides uterinum**”.

It is a common condition, characterized by migration of endometrial glands and stroma from the stratum basale into the myometrium. This often occurs in association with reactive hyperplasia of the surrounding myometrial smooth muscle. It is most prevalent among middle-aged multiparous women and much less common in nulliparous or postmenopausal patients. Symptoms vary from being completely asymptomatic to uterine tenderness, dysmenorrhea, menorrhagia, infertility and uterine enlargement.

ROLE OF IMAGING IN DIAGNOSIS

Transvaginal Sonography	MRI	3D Ultrasound
First line imaging. Reported sensitivity and specificity of transvaginal sonography range from 53% to 89% and 67% to 98%, respectively, and overall accuracy is reported to range from 68% to 86. (fig. 1) Probe tenderness observed	Better specificity and accuracy, particularly in women with associated disorders like leiomyoma. MRI has a sensitivity of 78-88% and a specificity of 67-93%. (fig. 2)	May be superior for assessment of junctional zone . Disruption and infiltration of the subendometrial halo by the hyperechoic endometrium and the thickness of subendometrial halo can be measured at sonography and can be helpful in diagnosing adenomyosis. (fig. 3)

RADIOGRAPHIC FEATURES

Three forms have been described:

- ▶ Diffuse adenomyosis: most common and generalised.
- ▶ Focal adenomyosis and adenomyoma: In some cases, adenomyosis may be localised, forming a mass.
- ▶ Cystic adenomyosis and adenomyotic cyst: A rare variant, believed to be the result of repeated focal haemorrhages resulting in cystic spaces filled with altered blood products.

TYPICAL ULTRASOUND FEATURES

1. **Uterine enlargement—Globular uterine enlargement** that is generally up to 12 cm in uterine length ,not explained by the presence of leiomyomata is a characteristic finding.
2. **Cystic anechoic spaces or lakes in the myometrium (specific sign)** — Variable in size and can occur throughout the myometrium- reflect glands filled with fluid .On occasions,these may represent small arcuate veins rather than adenomyomas. The application of color Doppler imaging at low velocity scales may help to differentiate.
3. **Uterine wall thickening** - The uterine wall thickening typically of fundal and posterior wall, can show anteroposterior asymmetry. (fig.4)
4. **Subendometrial echogenic linear striations (specific sign) - Venetian bands or rain shower appearance.** Invasion of the endometrial glands into the subendometrial tissue induces a hyperplastic reaction, which appears as echogenic linear striations fanning out from the endometrial layer. (fig 4)
5. **Heterogeneous echo texture** - There is a lack of homogeneity within the myometrium with evidence of architectural disturbance .
6. **Obscure endometrial/myometrial border** - Invasion of the myometrium by the glands obscures the normally distinct endometrial/myometrial border.
7. **Thickening of the transition zone** - This zone is a layer that appears as a hypoechoic halo surrounding the endometrial layer. A **thickness of 12 mm or greater** has been shown to be associated with adenomyosis.
8. **Diffuse Hypervascularity** - Color and power Doppler sonography often demonstrate diffuse hypervascularity without large feeding vessels. (fig 5)
9. **Question Mark sign**, a novel sign - Seen when the uterine corpus is flexed backward, the fundus of the uterus is facing the posterior pelvic compartment and the cervix is directed anteriorly towards the urinary bladder. This alone has a high specificity (93%).(fig. 6)

DIFFERENTIAL DIAGNOSIS

S.No.	For Diffuse Adenomyosis
1.	Normal uterus
2.	Diffuse uterine leiomyomatosis
3.	Myometrial contraction: transient
4.	Malignancy - endometrial carcinoma - endometrial stromal sarcoma (ESS)

DIFFERENTIAL DIAGNOSIS

S.No.	For Focal Adenomyoma
1.	<p>Uterine fibroma (leiomyoma)</p> <ul style="list-style-type: none"> -Better defined than adenomyoma -May have pseudocapsule of compressed adjacent myometrial tissue -On colour Doppler: tend to displace vessels, demonstrating circumferential peripheral flow
2.	<p>Uterine contractions</p> <ul style="list-style-type: none"> -transient in nature
3.	<p>Vascular malformations</p> <ul style="list-style-type: none"> -Does not disrupt the endometrial-myometrial interface -On colour Doppler: demonstrates turbulent high - velocity flow
4.	<p>Malignancy</p> <ul style="list-style-type: none"> - endometrial carcinoma - endometrial stromal sarcoma (ESS) - uterine tumour (e.g. uterine leiomyosarcoma) - myometrial metastases



Fig 1. Enlarged uterus with typical features of adenomyosis. Multiple bright echogenic foci are seen throughout the myometrium (small arrows) in addition to numerous subendometrial myometrial anechoic cysts (large arrows).

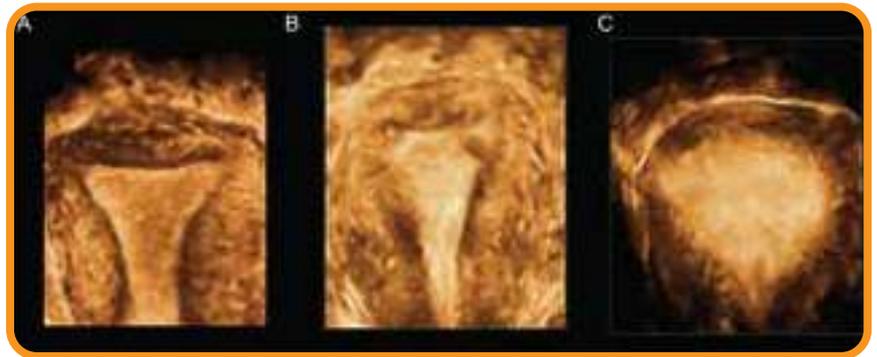


Fig 3. A. Normal Junctional zone; B& C- irregular transitional zone in adenomyosis



Fig 2. Mri image of adenomyoma



Fig 4: Globular uterus showing thickened posterior wall, indiscriminate endometrium, heterogenous architecture and venetian bands.



fig. 5: Diffuse vascularity within adenomyoma

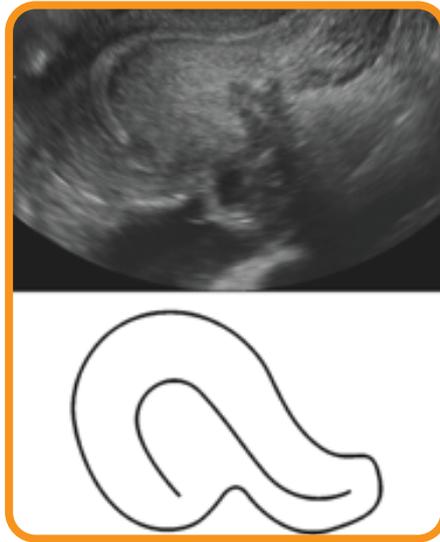


fig 6: Question mark sign in adenomyosis

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2. Abuhamad A.(2014). Ultrasound in obstetrics and gynaecology: A practical approach.

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Who can apply for IFS Membership : All Professionals with postgraduate qualification such as Obstetricians & Gynaecologists, Clinical embryologists, andrologists, ultrasonologists, counsellors, geneticists and other involved in the care of infertility patients.

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