



ADENOMYOSIS

Adenomyosis is a medical condition characterized by the presence of endometrial tissue (the inner lining of the uterus) with the myometrium (the thick, muscular layer of the uterus). This condition does not increase the risk for cancer development.

The cause of this condition is basically unknown. The condition is typically found in women in the ages between 35 and 50. The rate of occurrence is also higher in women who have undergone cesarean sections or an intrauterine procedure. Many women with adenomyosis also have uterine fibroids and/or endometriosis.

Much of the time, a woman has few or no symptoms. However, as the condition worsens, many women begin to have problems with heavier, prolonged menstrual cycles and increased intensity of cramps. Heavy bleeding may lead to anemia. On a physical examination by your physician, the uterus may be found to be soft, boggy, enlarged, and/or tender.

When adenomyosis is scattered in between the normally tight uterine muscle, it creates little pressure points that can be very tender. This worsens when the muscle contracts during the menstrual cycle. Also, the uterus can not contract as efficiently, causing the menstrual flow to be heavier. The only way to diagnose adenomyosis is by microscopic evaluation of the uterus or tissue taken from the uterine wall.

Non-steroidal anti-inflammatory drugs are generally excellent prostaglandin inhibitors. Because prostaglandins stimulate the uterus to contract reducing the production of these compounds may help. Narcotic pain medications should be avoided unless recommended by your physician.

Lupron® will stop all menses by causing a menopause-like state. This is a temporary state and usually limited to six months. Upon completion, the symptoms tend to resume.