HOW DO ADENOMYOSIS ULTRASOUND CRITERIA CHANGE AFTER THE ONSET OF MEDICAL TREATMENT?

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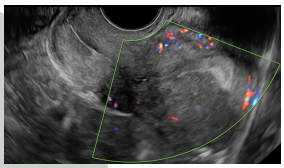
Study Objective: The objective of this study was to analyse how adenomyosis criteria described by ultrasound, changes after the onset of medical treatment

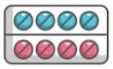
Materials/Patients and Methods: Retrospective study including 29 patients who had a first visit at an endometriosis referral unit in Spain from January 2018 to December 2019. Adenomyosis criteria registered were: hyperechoic islands, fan-shaped shadowing, asymmetrical thickening, cysts, diffuse vascularity and irregular junctional zone.

First TVUS

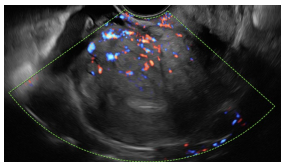


ALL met adenomyosis criteria

ONSET OF MEDICAL TREATMENT



Second TVUS



Adenomyosis criteria were evaluated

Measurements and Main Results: The mean age was 39.4 years old (29-52). The mean time between both TVUS was 427 days (203-777). Adenomyosis criteria were registered in the first and second TVUS, and significant statistical differences were found in almost all of them as seen in *Table 1* . The most frequent criteria was hyperechoic islands in both TVUS. All patients started medical treatment as reflected in *Table 2.*

Table 1

ADENOMYOSIS CRITERIA	FIRST TVUS	SECOND TVUS	DIFFERENCES
Hyperechoic islands	82.8%	48.3%	***p = 0.001***
Irregular junctional zone	79.3%	44.8%	***p = 0.002***
Asymmetrical thickening	62.1%	34.5%	***p = 0.003***
Fan-shaped shadowing	34.5%	34.5%	*p > 0.05*
Diffuse vascularity	44.8%	20.6%	***p = 0.03***
Cysts	55.1%	20.6%	***P = 0.001***

***p<0.05 statistically significant difference*

Table 2

ONSET OF TREATMENT	PATIENTS (PERCENTAGES)
Combined oral contraceptives	13 (44.8%)
Progesterone	6 (20.7%)
Norethisterone acetate	3 (10.3%)
Intrauterine device	1 (3.4%)
GnRH analogues	5 (17.2%)
Uripristal acetate	1 (3.4%)

Conclusions: The presence of adenomyosis criteria according to TVUS decreased after starting medical treatment. According to our results, adenomyosis TVUS criteria may be influenced by medical treatment and it could be used to monitor treatment response and follow-up.

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