Impact of Adenomyosis on the Patient's Quality of Life in a Tertiary Hospital



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Introduction: Adenomyosis is a condition affecting the Conclusion: The negative impact of adenomyosis on women's severe symptoms that causes a significantly negative histopathologic diagnosis found incidentally reproductive age.

adenomyosis in a tertiary hospital in Davao City.

Methodology: A cross sectional research design was employed and included 56 women with sonographic evidence of adenomyosis. The patients' demographic, clinical profiles, and QOL were determined using the Endometriosis Impact Questionnaire (EIQ), a 63-item, self-administered questionnaire.

Results: The respondents were about 41.85 (±7.53) years old and 87.5% (n=49) were parous. The mean age of diagnosis was 39.89 (± 7.49) years old, with mean age of onset of symptoms at 37.58 (± 8.92) years old. Only 1 respondent (1.79%) reported problems with fertility and majority had diffuse (94.64%, n=53), rather than focal type of (5.36%, n=3) adenomyosis. Heavy menstrual bleeding was the most common symptom at 76.79% (n=43) followed by period pain at 60.71% (n=34). Most respondents (69.64%, n=39) never visited the emergency room for consultation and the remaining 30.36% (n=17) visited only once or twice in the past. Hormonal medications (71.43%, n=40) and painkillers (69.64%, n=39) were the most commonly used treatment methods. Among all 56 respondents, it was noted that adenomyosis had a low impact in the QOL with an EIQ score of 23. Then again, the impact of adenomyosis became notably more pronounced for every time frame in all dimensions.





uterus, characterized by endometrial invasion of the quality of life caused by bleeding and cyclic pain requires a uterine myometrium. It is a benign pathology with often long-term holistic management. What was previously only a impact on the quality of life (QOL) of women in the hysterectomy specimens has now become clinically significant condition, presenting with potentially debilitating symptoms.

Objective: To determine the QOL of patients with Keywords: abnormal uterine bleeding, adenomyosis, quality of life Table 1. Clinico-Demographic Characteristics of Patients with Adenomyosis (N=56)

Parameters	n (%)	Parameters	n (%)
Mean Age (years)	41.85 ± 7.53	Adenomyosis-related symptoms	
16-24	2 (3.57%)	Period pain	34 (60.71%
25-34	8 (14.29%)	Fatigue	28 (50%)
35 and older	46 (82.14%)	Bloating	28 (50%)
Marital Status	The second second	Pelvic pain not related to periods	8 (14.29%
Single	21 (37.5%)	Ovulation / mid-cycle pain	22 (39.29%
Married	33 (58.92%)	Pain during/after sex	16 (28.57%
Separated / Divorced	1 (1.79%)	Heavy bleeding	43 (76.79%
Widowed	1 (1.79%)	Irregular bleeding	12 (17%)
Educational Level		Delayed fertility	2 (3.57%)
Grade School graduate	2 (3.57%)	Others	1 (1.79%)
High School graduate	19 (33.93%)	Type of Adenomyosis	
College level	24 (42.85%)	Diffuse	54 (96.43%
College graduate	10 (17.86%)	Focal	2 (3.57%)
Vocational	1 (1.79%)	Adenomyosis treatments	
Employment		Pain killers	39 (69.64%
Not employed	37 (66.07%)	Surgical treatments	4 (7.14%)
Part-time	4 (7.14%)	Hormonal medications	40 (71.43%
Full-time -	15 (26.79%)	Complementary treatments	25 (44.64%
Pregnancy history		Hormonal IUD	1 (1.79%)
Never pregnant	7 (12.5%)	Psychologist	0 (0%)
Miscarriage or stillbirth	2 (3.57%)	Nutritionist	0 (0%)
One or more children	47 (83.93%)	Other	1 (1.79%)
Primary infertility	1 (1.79%)	Times presented to emergency	
Age at onset of symptoms (years)	37.58±8.92	department due to adenomyosis	
Age at diagnosis (years)	39.89±7.49	Never	39 (69.64%
		1-2	17 (30.36%
		3-4	0 (0%)
		5-10	0 (0%)

Table 2. Impact of Adenomyosis on the QOL of the Respondents (N=56)

More than 10

Hysterectomy due to Adenomyosis

Dimension	EIQ Score Last 12 Months	EIQ Score 1-5 Years Ago	EIQ Score More than 5 years
Physical and Psychosocial	43	36	19
Sexual and Intimacy	16	16	9
Fertility	7	7	6
Employment	37	33	14
Education	0	0	0
Lifestyle	1	1	0
Total Score	31	27	17
	Low Impact	Low Impact	Low Impact
	23		





Vannuccini S, Petraglia F, Recent advances in understanding and managing adenomyosis. F1000Research. 2019;8:283. 2. Andres M, Borrelli G, Ribeiro J, Baracat E, Abrão M, Kho R. Transvaginal Ultrasound for the Diagnosis of Adenomyosis: Systematic Review and Meta-Analysis, Journal of Minimally Invasive Gynecology, 2018;25(2):257-264. 3. Li J., Chung J., Wang S., Li T., Duan H. The Investigation and Management of Adenomyosis in Women Who Wish to Improve or Preserve Fertility. BioMed Research International. 2018;2018:1-12. 4. Naftalin J., Hoo W, Pateman K, Mavrelos D, Holland T, Jurkovic D. How common is adenomyosis? A prospective study of prevalence using transvaginal ultrasound in a gynaecology clinic. Human Reproduction. 2012;27(12):3432-3439. 5. Whitaker L, Critchley H. Abnormal uterine bleeding. Best Practice & Research Clinical Obstetrics & Gynaecology. 2016;34:54-65. 6. Graziano A, Monte G L, Piva I, Caserta D, Karner M, Engl B, Marci R. Diagnostic findings in adenomyosis: a pictorial review on the major concerns. Eur Rev Med Pharmacol Sci, 2015;19(7), 1146-1154. 7. Frick K, Clark M, Steinwachs D, Langenberg P, Stovall D, Munro M et al. Financial and Quality-of-Life Burden of Dysfunctional Uterine Bleeding Among Women Agreeing To Obtain Surgical Treatment. Women's Health Issues. 2009;19(1):70-78. 8. Pandey H, Pant H, Pant P, Rizvi G, Chufal S. Histopathological correlation of adenomyosis and leiomyoma in hysterectomy specimens as the cause of abnormal uterine bleeding in women in different age 2009;19(1):70-78. 8. Pandey H, Pant H, Pant P, Rizvi G, Chufal S. Histopathological correlation of adenomyosis and leiomyoma in hysterectomy specimens as the cause of abnormal uterine bleeding in women in different age groups in the Kumaon region: A retroprospective study. Journal of Mid-life Health. 2013;4(1):27. 9. Moradi M, Parker M, Sneddon A, Lopez V, Ellwood D. The Endometriosis in mact of endometriosis on different aspects of women's lives. BMC Women's Health. 2019;19(1). 10. Li X, Liu X, Guo S. Clinical profiles of 710 premenopausal women with adenomyosis who underwent hysterectomy. Journal of Obstetrics and Gynaecology Research. 2013;40(2):485-494. 11. Güzel A, Akselim B, Erklılınç S, Kokanalı K, Tokmak A, Dolmuş B et al. Risk factors for adenomyosis, leiomyoma and concurrent adenomyosis and leiomyoma. Journal of Obstetrics and Gynaecology Research. 2015;41(6):932-937. 12. Shrestha A, Shrestha R, Sedhai L, Pandit U. Adenomyosis at Hysterectomy: Prevalence, Patient Characteristics, Clinical Profile and Histopatholgical Findings. Kathmandu University Medical Journal. 2012;10(1):44-47. 13. Lillian T, Rameshkumar K. Estrogen receptor expression in adenomyosis - Does it shed a light on pathogenesis?. International Journal of Gynecology & Obstetrics. 2000;70:A47-A47. 14. de Souza N, Brosens J, Schwieso J, Paraschos T, Winston R. The potential value of magnetic resonance imaging in infertility. Clinical Radiology. 1995;50(2):75-79. 15. Kissler S, Zangos S, Wiegratz I, Kohl J, Rody A, Gaetje R et al. Utero-Tubal Sperm Transport and Its Impairment in Endometriosis and Adenomyosis. Annals of the New York Academy of Sciences. 2007;1101(1):38-48. 16. Bourdon M, Santulli P, Oliveira J, Marcellin L, Maignien C, Melka L et al. Focal adenomyosis is associated with primary infertility. Fertility. Petrility. 2020. 17. Zhang X, Lu B, Huang X, Xu B, Huang X, Ku P, Huang X, Weerakiet, S. Comparative Study of Nerve Fiber Density between Adenomyosis Patients with Moderate to Severe Pain and Mild Pain, Journal Of The Medical Comparative Study of Nerve Fiber Density between Adenomyosis Patients with Moderate to Severe Pain and Mild Pain. Journal Of The Medical Association Of Thailand, 2014;97(8), 791-795. 19. Oliveira MAP, Crispi CP, Brollo LC, De Wilde, RL Surgery in adenomyosis. Archives of gynecology and obstetrics, 2018;297(3), 581-589. 20. Schindler A. Hormonal contraceptives and endometriosis/adenomyosis. Gynecological Endocrinology, 2010;26(12), 851-854. 21. Benetti-Pinto C, Mira T, Yela D, Teatin-Juliato C, Brito L. Pharmacological Treatment for Symptomatic Adenomyosis: A Systematic Review. Revista Brasileira de Ginecologia e Obstetrícia / RBGO Gynecology and Obstetrics. 2019;41(09):564-574. 22. Bahrami M, Chaman-Ara K, Bahrami E. Impact of endometriosis on work productivity and activity impairment: a descriptive literature review. Bali Medical Journal. 2017;6(2):263. 23. Conversation A. Heavy periods and painful sex? Forget endometriosis it could be adenomyosis - the condition most women have never heard of [Internet]. The Sun. 2020 [cited 3 November 2020]. Available from https://www.thesun.co.uk/fabulous/8104495/adenomyosis-symptoms-heavy-periods-painful-sex-endometriosis/