

ADENOMYOMA RECURRENCE AFTER SURGERY: A CASE REPORT

Camacho M, Rius M, Gracia M, Martínez-Zamora MA, Peralta S, Carmona F
Gynaecology Department, ICGON, Hospital Clinic of Barcelona. Barcelona, Spain

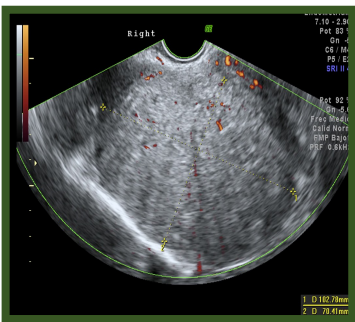
Study Objective:

To demonstrate our approach to conservative adenomyoma surgery, and to highlight the need for further research regarding sparing techniques in adenomyosis and recurrence-associated factors of laparoscopic adenomyomectomy.

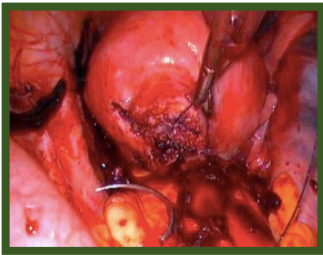
Case report:

31 year-old patient with a symptomatic adenomyoma despite medical treatment. Conservative laparoscopic surgery (V-shaped resection) was performed twice in our unit. The first one after embolization of uterine arteries with the aim of reducing blood loss. In spite of >80% removal of the adenomyoma in both surgeries (confirmed by the volume resected in the pathological study), recurrence was observed in the follow-up transvaginal ultrasounds (TVUS).

Initial TVUS

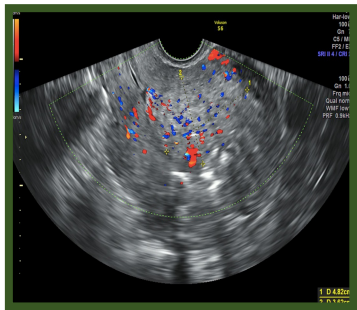


Surgery was performed
twice due to recurrence:
Laparoscopic V-shaped resection



Follow-up TVUS after second
surgery:

Recurrence of anterior adenomyoma



Estimated volumes

TVUS		Pathological study	Estimated volume removed
Initial TVUS Volume: 252cm ³	After FIRST SURGERY ➡	Confirmed adenomyosis. Volume: 204cm ³	81%
Second TVUS Volume: 55cm ³	After SECOND SURGERY ➡	Confirmed adenomyosis. Volume: 47cm ³	85%

*Ellipsoid volume formula: $a \times b \times c \times \pi \times 3/4$, where a , b and c indicate maximum length, width and thickness

Conclusions:

This case report highlights that **surgery of adenomyomas is still an outstanding challenge**. Adenomyomas can be treated with sparing techniques laparoscopically, nevertheless, further studies are needed for tailoring this approach to each patient and developing algorithms to detect patients at high risk of recurrence.