

Background

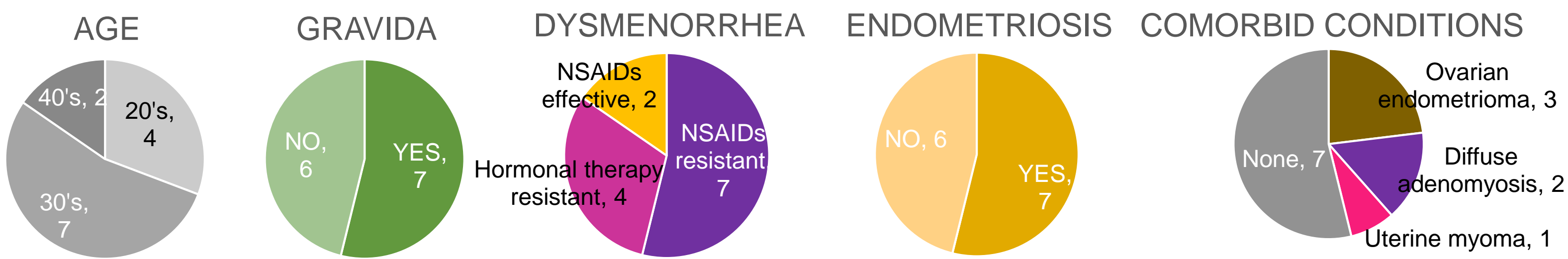
Cystic adenomyosis is a rare pathology, accounting for 2% of all adenomyosis. Due to the sparse knowledge of its clinical characteristics, diagnosis of cystic adenomyosis is challenging. In order to clarify clinical characteristics of cystic adenomyosis that may help physicians make diagnosis, we reviewed the clinical courses of cystic adenomyosis experienced in our department.

Material & Methods

Clinical characteristics of 13 cases of pathologically diagnosed cystic adenomyosis, that were managed at The University of Tokyo Hospital between 2007 and 2018, were retrospectively analyzed according to their medical records.

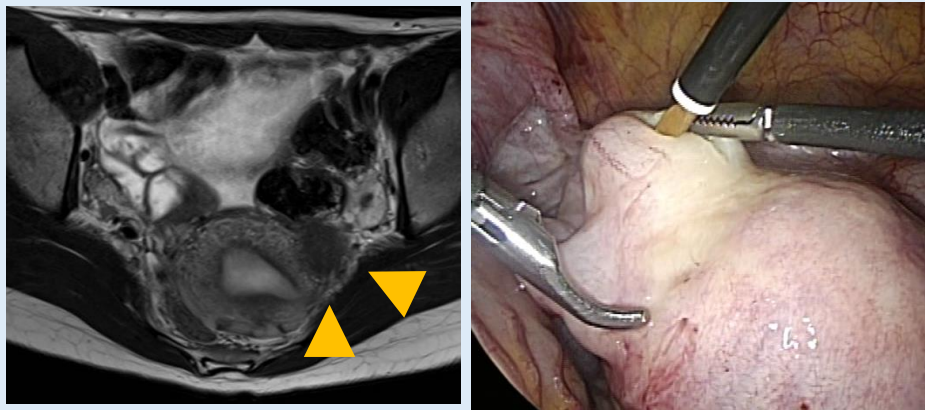
Results

	Age	GP	Chief complaints	Tenderness on the tumor site	Ultrasonography findings		MRI diagnosis	Comorbid conditions	Endo-metriosiis	Duration between symptom onset and diagnosis (m)
					Lesion size	Location				
①	29	G0P0	Progressive dysmenorrhea	+	15 mm cystic lesion	base of Rt. Round lig.	Uterine myoma	—	—	36
②	27	G0P0	Severe dysmenorrhea + chronic pain	++	17 mm cystic lesion	base of Lt. Round lig.	Degenerated uterine myoma	—	+	48
③	32	G0P0	Dysmenorrhea	—	20 mm cystic lesion	base of Rt. Round lig.	Cystic adenomyosis	—	+	24
④	35	G0P0	Severe dysmenorrhea (GnRHa resistant)	+	18 mm cystic lesion	base of Rt. Round lig.	Cystic adenomyosis	—	—	3
⑤	41	G0P0	Infertility	+	32 mm cystic lesion	base of Rt. Round lig.	Degenerated uterine myoma	Endometrioma 70 mm	+	12
⑥	31	G1P1	Severe dysmenorrhea	+	19 mm cystic lesion	base of Rt. Round lig.	Cystic adenomyosis	—	—	16
⑦	32	G4P2	Severe dysmenorrhea	+	27 mm cystic → 15 mm post-rupture	base of Rt. Round lig.	Cystic adenomyosis	Diffuse adenomyosis	—	42
⑧	36	G2P1	Severe dysmenorrhea (requiring Pentazocine)	+	15 mm cystic lesion	base of Lt. Round lig.	Cystic adenomyosis	Endometrioma 30 mm	+	154
⑨	30	G1P0	Severe dysmenorrhea (OC resistant)	++	10 mm cystic lesion	base of Lt. Round lig.	Cystic adenomyosis	Uterine myoma 20 mm	—	108
⑩	35	G0P0	Severe dysmenorrhea (NSAIDs resistant)	+	18 mm cystic lesion	base of Rt. Round lig.	Uterine myoma	—	+	4
⑪	47	G3P2	Severe dysmenorrhea (dienogest resistant)	+	15 mm cystic lesion	base of Lt. Round lig.	Rt. Ovarian endometrioma	Endometrioma 10 mm	+	36
⑫	21	G0P0	Dysmenorrhea	+	38 mm cystic lesion	base of Lt. Round lig.	Cystic adenomyosis	—	+	12
⑬	29	G1P1	Severe dysmenorrhea (dienogest resistant)	+	30 mm cystic lesion	base of Rt. Round lig.	Cystic adenomyosis	—	—	7

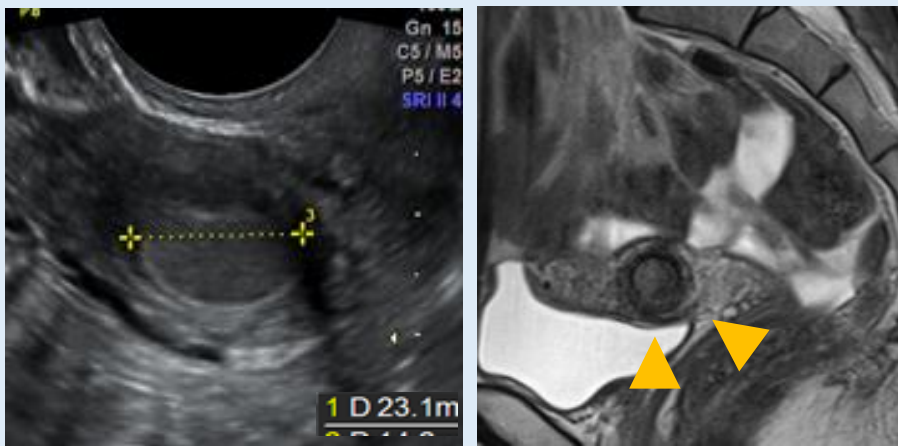


● Misdiagnosis

② Preoperative MRI dx. was **myoma**

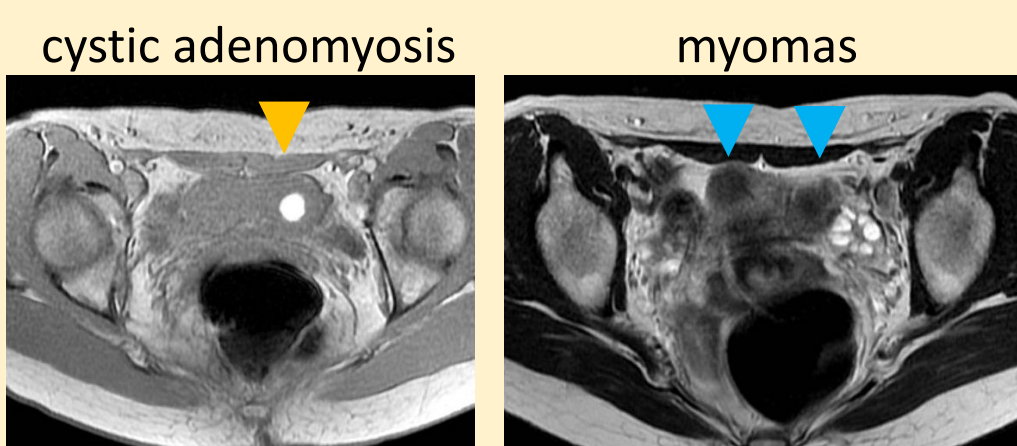


⑥ Initial US dx. was **endometrioma**



● Comorbid conditions

⑨ Myoma



Summary of 13 Cases

1. The average age at the diagnosis in our series was higher than previous reports; **32.7 ± 1.8 years old**.
2. Six in 13 cases were coexisting with either **uterine myoma**, **diffuse adenomyosis**, or **endometrioma**.
3. All cases in the current series showed typical characteristics of cystic adenomyosis reported previously; associated with **severe dysmenorrhea** and **severe tenderness**, and the **lesion localized at the base of the uterine round ligament**.

Conclusion

Cystic adenomyosis should be kept in mind in the differential diagnosis in patients with severe dysmenorrhea, even in patients with advanced age and with other pain-inducing conditions.