Commentary

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Short Note on Cystic Adenomyosis

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Description

Cystic adenomyosis is a special type of adenomyosis. Pelvic ultrasound and nuclear magnetic resonance can help for diagnosis. Early surgical treatment and post-operative pharmacological treatment can alleviate dysmenorrhea, anaemia and other symptoms. Adenomyosis is a condition in which the internal lining of the uterus (endometrium) is broken through the muscular wall of the uterus (myometrium). Adenomyosis can cause menstrual cramps, lower abdominal pressure and swelling before menstrual periods and can cause heavy periods. The condition can be blocked throughout the uterus or located in one place. It is characterized by the migration of endometrial glands and stroma in myometrium. These displaced glands incite spiral vessel angiogenesis and smooth muscle hyperplasia and hypertrophy leading to the revolution of the Union area and causes uterine enlargement widespread when serious.

Although adenomyosis is considered a benign (non-wild) condition, frequent pain and heavy bleeding associated with it can have a negative impact on the quality of a woman's life. Adenomycin is a common condition. It is often diagnosed in intermediate women and women who have had children. Some studies also suggest that women who have had previous uterine surgery can be at risk of adenomyosis. Although the cause of adenomyosis is not known, studies have suggested that different hormones, including oestrogen, progesterone, prolactin and follicle stimulating hormones can trigger the condition.

Until recently, the only definitive form of adenomyosis diagnosis was to perform a hysterectomy and examine the uterine fabric under a microscope. However, image technology has made it possible for doctors to recognize adenomyosis without surgery. Using the ultrasound of magnetic or transvaginal resonance, doctors can see the characteristics of the disease in the uterus. If a doctor suspects adenomyosis, the first step is a physical examination. A pelvic examination can reveal a magnified and tender uterus. An ultrasound can allow a doctor to see the uterus, its coating and its muscular wall. Although ultra-saving cannot definitively diagnose adenomyosis, it can help us exclude other conditions with similar symptoms.

Another technique that is sometimes used to help evaluate the symptoms associated with adenomyosis is sonohysterography. In sonohysterography, the saline solution is injected through a small tube in the uterus as an ultrasound is given.

The treatment for adenomyosis depends in part on its symptoms, its severity and if it has completed maternity. Mild symptoms can be treated with overheating pain medications and the use of a thermal pad to relieve cramps. Heavy haemorrhage during periods can develop chronic anaemia, which causes fatigue and other health problems. Although it is not harmful, pain and excessive bleeding associated with adenomyosis can interrupt their lifestyle. You can avoid the activities you appreciated in the past because you have pain or care you can start bleeding. The understanding of the extension of the disease depends on the method used for diagnosis, which is determined by the patient's population. Adenomyosis is more common in multiparous premenopausal women has been formed on the basis of the results of the pathological tests of hysterectomy samples, and therefore patients undergoing surgery. Histological diagnosis is necessarily dependent on the number and extension of the magazine samples. Diagnostic images allow a lively diagnosis of adenomyosis and have expanded the understanding the condition in women of all ages, including the role of adenomyosis in infertility.