

Diffuse and Focal Adenomyosis:

Two different entities?









Cochin • Port-Royal • Tarnier • Broca La Collégiale • La Rochefoucauld • Hôtel-Dieu



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Laboratory: *Imunulogy*

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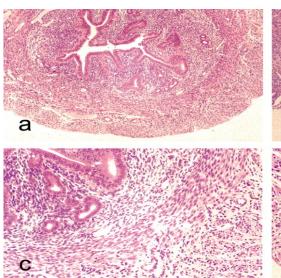
Charles Chapron,

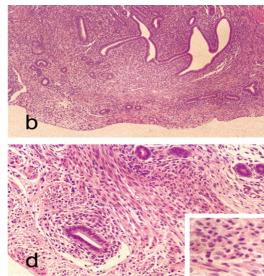
Professor and Chair,

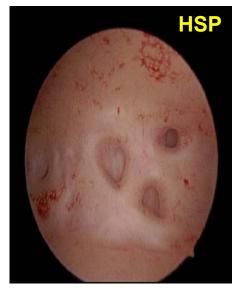
Department of Obstetrics and Gynecology II and Reproductive Medicine

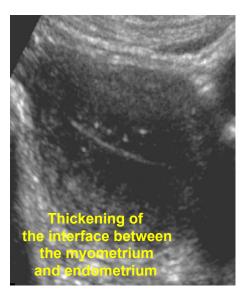
Adenomyosis: Definition





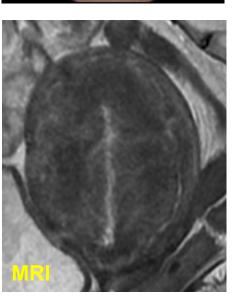






Histological definition:

Presence of endometrial glands and/or stoma outside the uterine cavity



Adenomyosis: How is common the disease?



Asv	ymetrical	m	vometria	al 1	thick	ceni	na:
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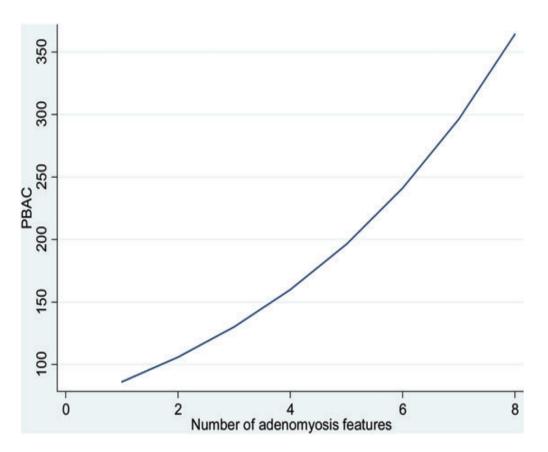
A longitudinal view of an anteverted uterus in which the distance from the endometrium to anterior serosal surface is much greater than the distance from the endometrium to the posterior serosal surface

TVUS N = 985 patients	Adenomyosis
	206 patients
	20.9%
	95% CI: 18.5 23.6%

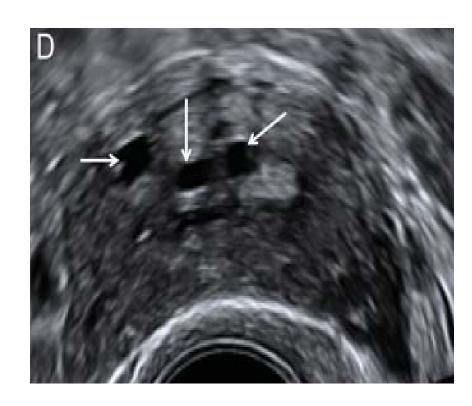
Adenomyosis: Associations between demographic and clinical variables

Variable	Category/term	Odds ratio (95% CI)	P-value
Age ^a	Linear term Squared term	34.3 (9.9, 118) 0.70 (0.62, 0.80)	<0.001
Gravidity	0 1 2 3-5 6+	1 1.83 (1.09, 3.06) 2.46 (1.44, 4.30) 2.66 (1.62, 4.28) 4.90 (2.57, 9.35)	< 0.001
Endometriosis	No Yes	I 4.06 (2.25, 7.33)	<0.001

Adenomyosis: Association with menorrhagia



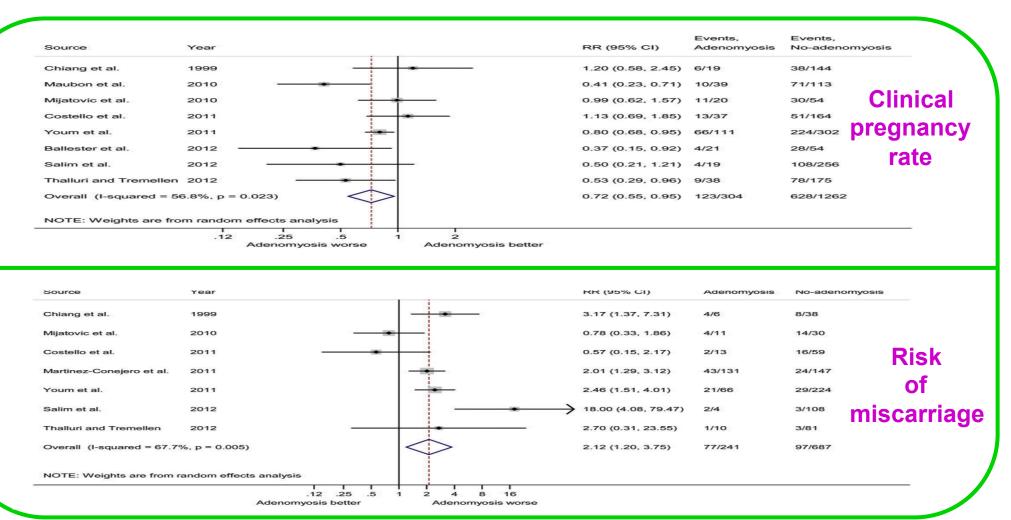
Significant positive correlation between the Nb of features of AdOsis at TVUS and the objectively assessed menstrual loss by pictorial blood loss analysis chart (PBCA)



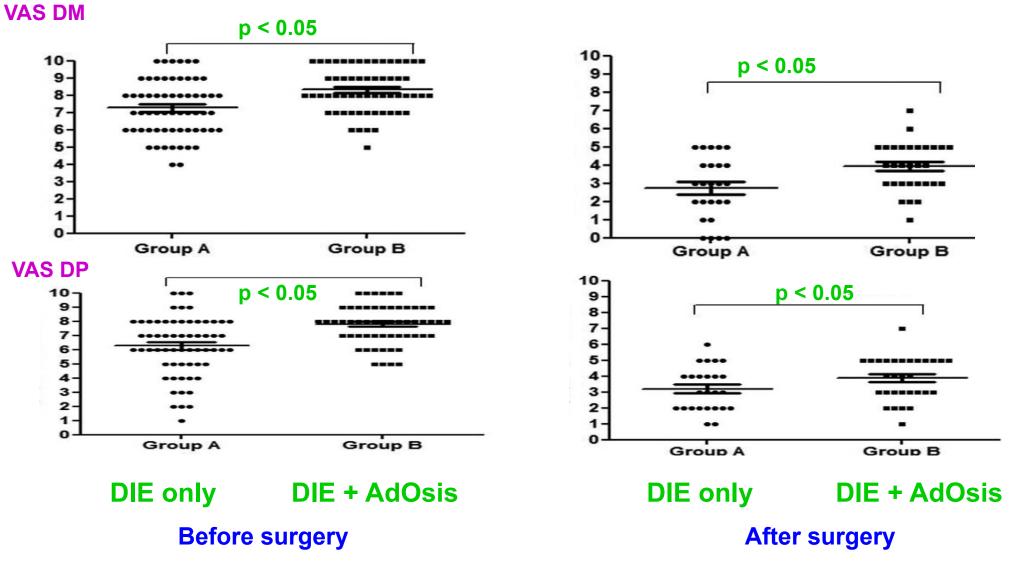
Several myometrial cysts seen as anechoic lesion within the myometrium

Naftalin et al., Hum Reprod (2014)

Adenomyosis and Infertility Infertile women undergoing IVF / ICSI

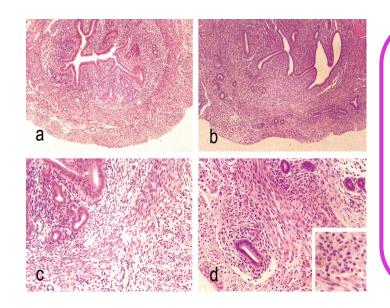


Adenomyosis and pelvic pain



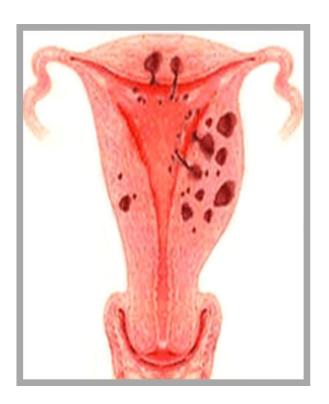
Lazzeri et al., Reprod Sci (2014)

Adenomyosis: Definition



Histological definition:

Presence of endometrial glands and/or stoma outside the uterine cavity

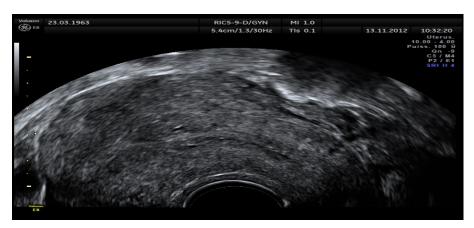


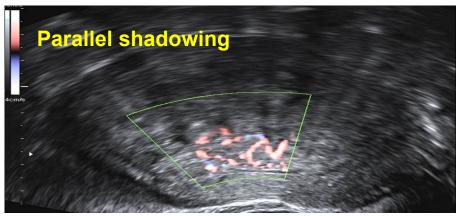
Two distinct histologic types:

- Diffuse Adosis ++++ The invasion of endometrial glands and/or stroma within the myometrium
- Focal Adosis or Adenomyomata: circumscribed tumors made up of endometrium and muscle tissue

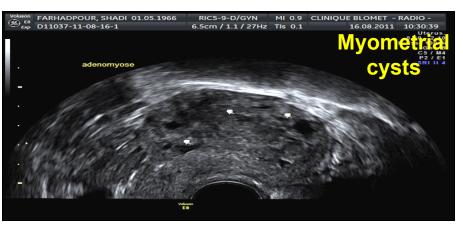
Adenomyosis: TV Sonographic signs

Globular uterus and asymetrical myometrial thickening not caused by the presence of fibroids

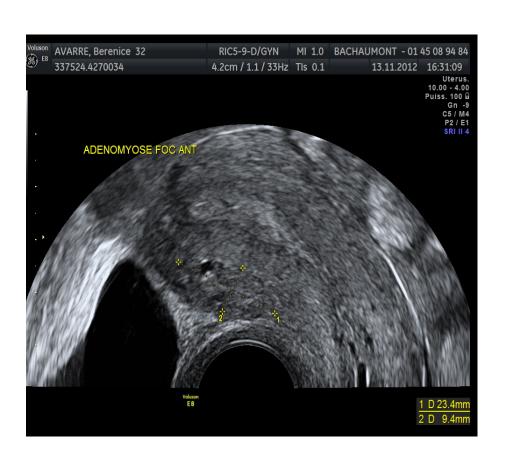


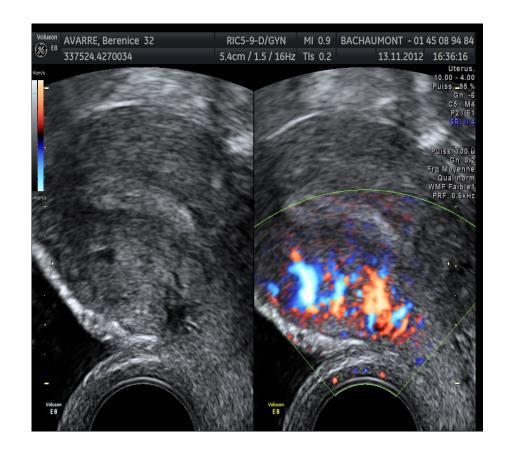






Adenomyoma: TV Sonographic signs



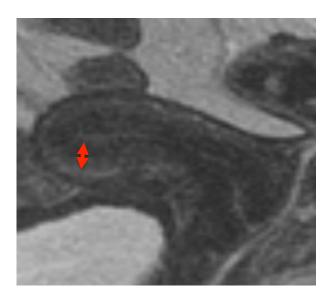




Adenomyosis: MRI



- High signal intensity myometrial spots
- Visible Junctional Zone with a threshold value > 12 mm
- Presence of an illdefined-low-signal intensity area of myometrium

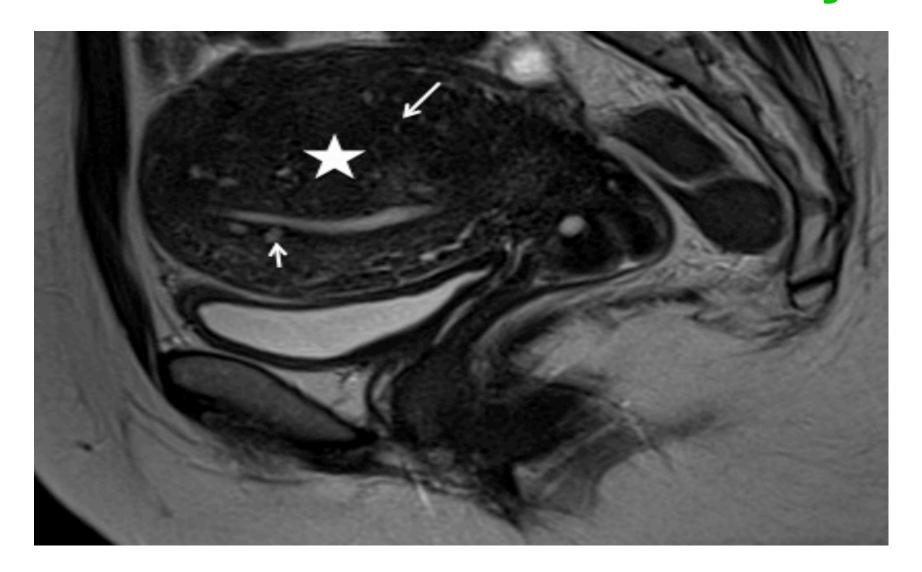


Normal Junctional Zone

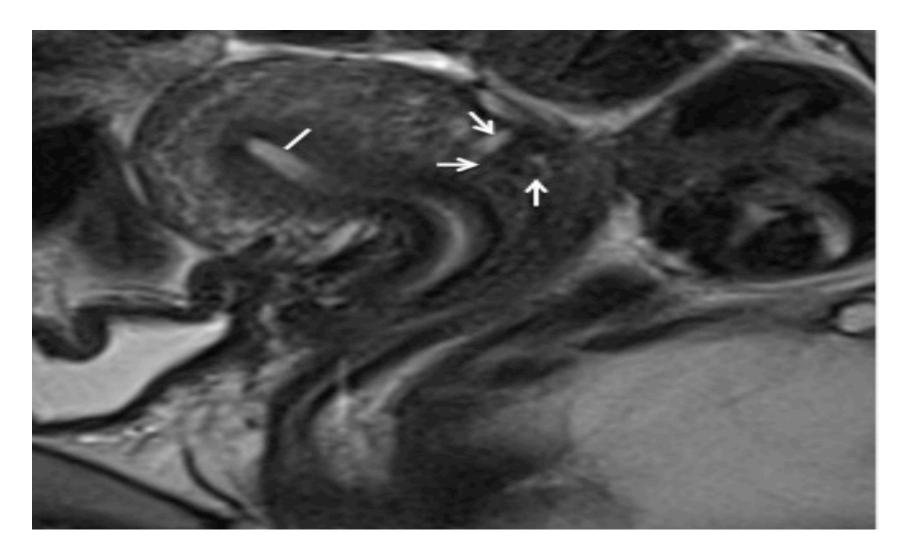
Ratio ZJ/Myometrium > 40%

Combination of these 3 criteria: accuracy of 85.5%

MRI: Isolated diffuse adenomyosis

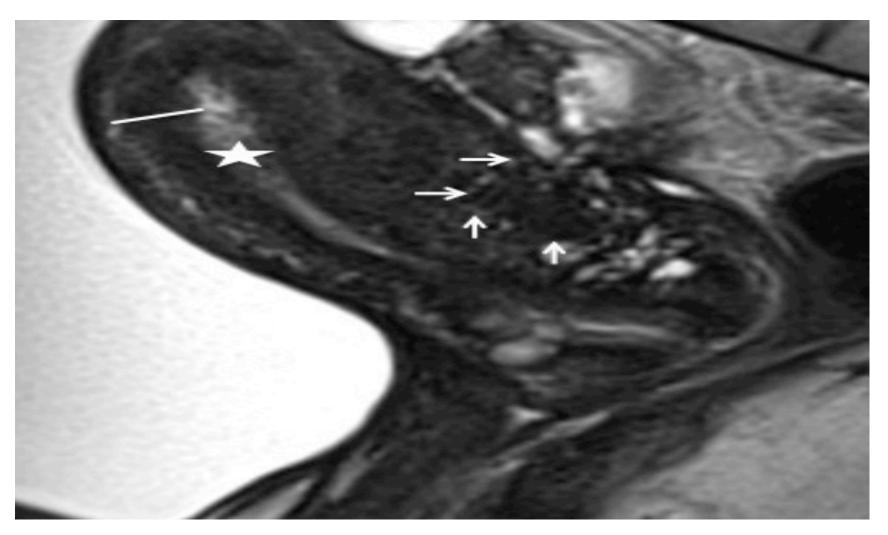


MRI: Isolated focal adenomyosis



MRI:

Associated diffuse and focal adenomyosis

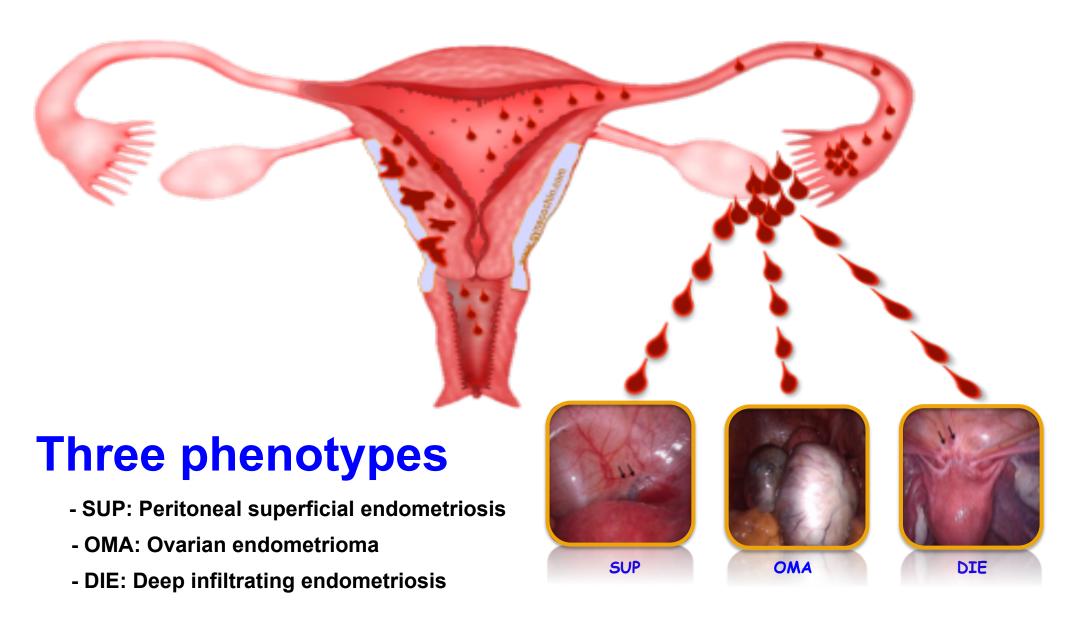


AE Millischer and C Chapron (2015)

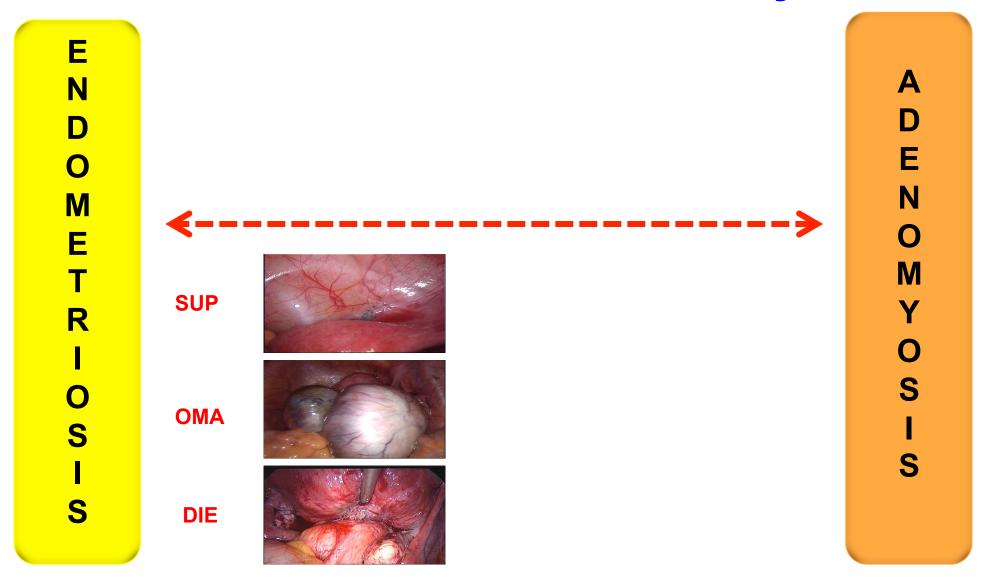
Endometriosis: The implantation theory

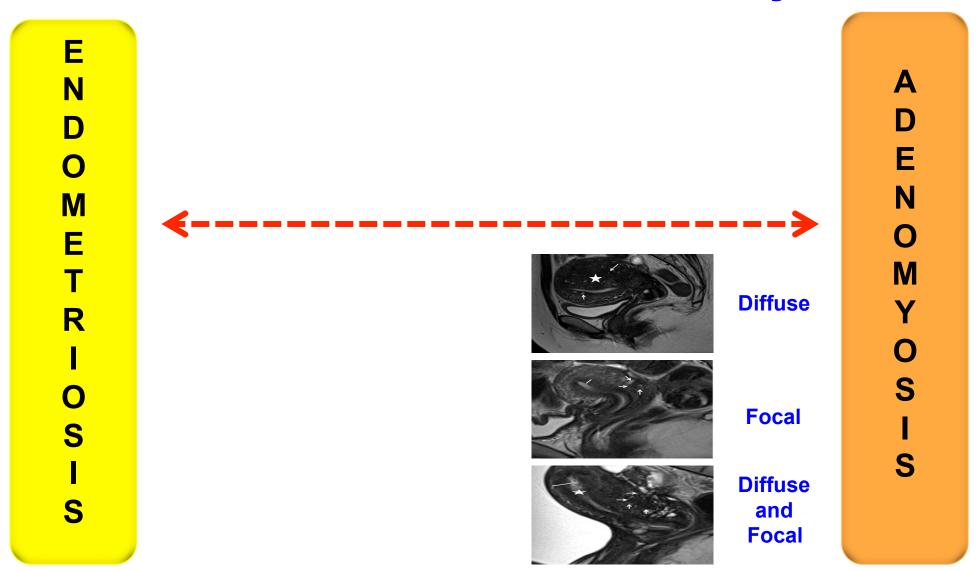


Endometriosis: The implantation theory

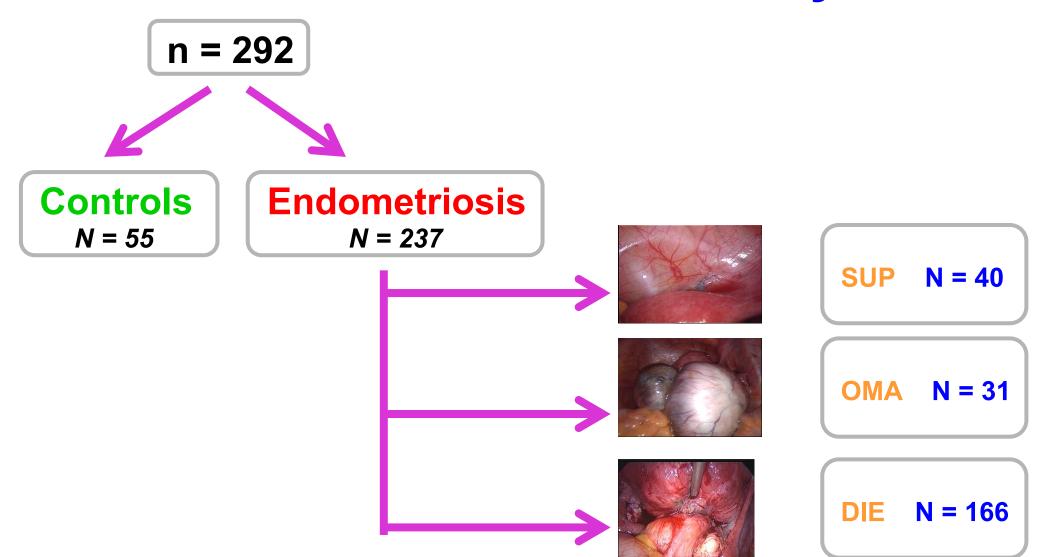


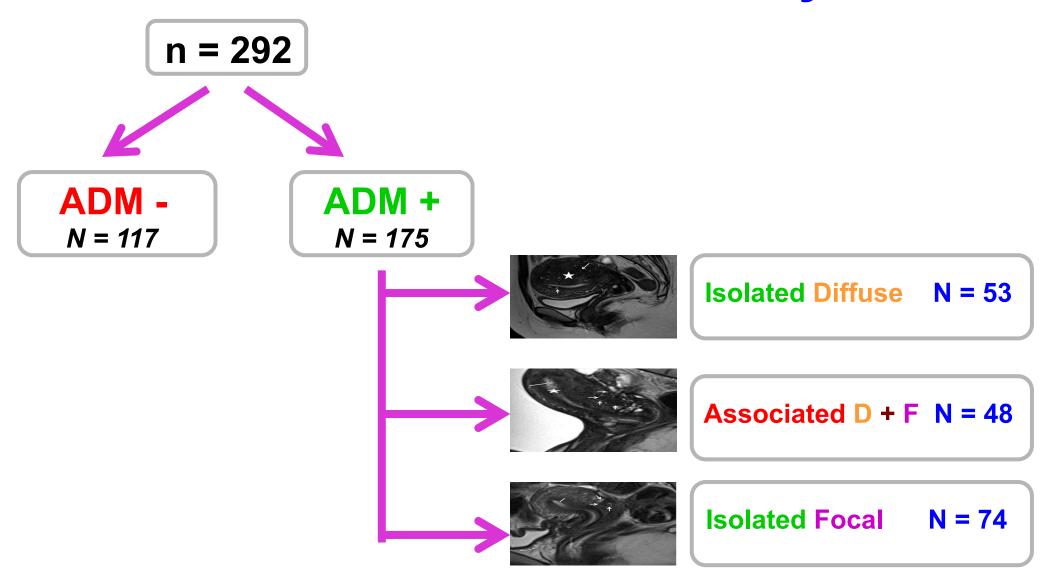






Adenomyosis: MRI definition N Junctional Zone (JZ) ≥ 12 mm and Ratio JZ / Myometrium > 40% M M **SUP Diffuse** R **OMA Focal Diffuse** and DIE **Focal**





Patients' phenotype	N	DIFFUSE Adenomyosis	
Controls	55	20 (36.4%)	
Endometriosis	237	81 (34.2%)	
		p = 0.437	

Osis patients' phenotype	N	DIFFUSE Adenomyosis	
SUP	40	8 (20.0%)	
OMA	31	8 <i>(20.0%)</i> 14 <i>(45.2%)</i>	
DIE	166	59 (35.5%)	
		p = 0.068	

Relationship between Osis and Diffuse adenomyosis

Patients' phenotype	N	JZ ≥ 12 mm AND Ratio > 40%	JZ ≥ 12 mm OR Ratio > 40%
Controls	55	20 (36.4%)	33 (60.0%)
SUP	40	8 (20.0%)	19 <i>(47.5%</i>)
OMA	31	14 (45.2%)	20 (64.5%)
DIE	166	59 (35.5%)	108 <i>(65.1</i> %)
Total	292	101 <i>(34.6%)</i>	180 (61.6%)

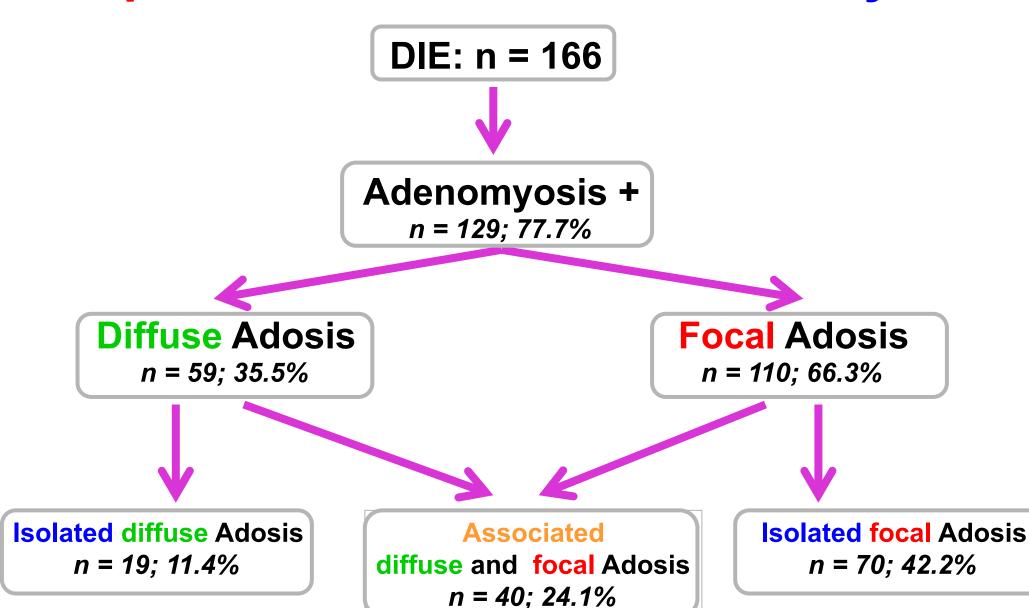
Relationship between Osis and Diffuse adenomyosis

Patients' phenotype	N	JZ ≥ 12 mm AND Ratio > 40%	JZ ≥ 12 mm OR Ratio > 40%	JZ ≥ 15 mm AND Ratio > 40%	JZ ≥ 15 mm OR Ratio > 40%
Controls	55	20 (36.4%)	33 (60.0%)	11 (20.0%)	33 (60.0%)
SUP	40	8 (20.0%)	19 (47.5%)	3 (7.5%)	19 <i>(47.5%)</i>
OMA	31	14 (45.2%)	20 (64.5%)	4 (12.9%)	20 (64.5%)
DIE	166	59 (35.5%)	108 (65.1%)	23 (13.9%)	108 <i>(65.1%)</i>
Total	292	101 (34.6%)	180 (61.6%)	41 (14.0%)	180 <i>(61.6%)</i>

Patients' phenotype	N	DIFFUSE Adenomyosis	FOCAL Adenomyosis
Controls	55	20 (36.4%)	3 (5.4%)
Endometriosis	237	81 (34.2%)	119 (50.2%)
		p = 0.437	p < 0.001

Osis patients' phenotype	N	DIFFUSE Adenomyosis	FOCAL Adenomyosis
SUP	40	8 (20.0%)	3 (7.5%)
OMA	31	14 (45.2%)	6 (19.3%)
DIE	166	59 (35.5%)	110 (66.3%)
		p = 0.068	p < 0.001

Deep endometriosis and adenomyosis



Relationship between Endometriosis, DIE and MRI diffuse adenomyosis

	Diffuse ade	nomyosis +		enomyosis - = 191)	
	N %		N	þ	
Osis	81	80.2	156	81.7	0.44

Relationship between Endometriosis, DIE and MRI diffuse adenomyosis

	Diffuse adenomyosis + (n = 101)		Diffuse add		
	N	%	N	%	p
Osis	81	80.2	156	81.7	0.44
DIE	59	58.4	107	56.0	0.40

Relationship between Endometriosis, DIE and MRI focal adenomyosis

	Focal adenomyosis + (n = 122)		Focal a		
	N %		N	p	
Osis	119	97.5	118	69.4	< 0.001

Relationship between Endometriosis, DIE and MRI focal adenomyosis

	Focal adenomyosis +		Focal adenomyosis -		
	(n = 122)		(n = 170)		
	N	%	N	%	þ
Osis	119	97.5	118	69.4	< 0.001
DIE	110	90.2	56	36.2	< 0.001

Relationship between DIE (n = 166) and MRI adenomyosis appearence

	Posterior Focal adenomyosis	No posterior focal adenomyosis	p	OR (95%CI)
	(n = 98)	(n = 68)		
r AFS				
Total	60.3 ± 34.6	21.2 ± 21.8	< 0.0001	
Implants	19.9 ± 15.7	10.3 ±10.1	< 0.0001	
Adhesions	41.8 ± 27.3	10.9 ±16.7	< 0.0001	
Stages III & IV	87 (84.5%)	56 (42.4%)	< 0.0001	7.4 [3.9 - 13.9]

Relationship between DIE (n = 166) and MRI adenomyosis appearence

	Posterior Focal adenomyosis (N = 98)	No posterior focal adenomyosis (n = 68)	þ	OR [95%CI]
Mean Nb of DIE lesions	(N - 98) 3.8 ± 2.0	2.5 ±1.8	< 0.001	
Nb DIE lesions > 3 (n, %)	52 (53.1)	13 (19.1)	< 0.001	4.8 [2.3 - 9.9]
Intestinal DIE (n, %)	86 (87.8)	37 (54.4)	< 0.001	6.0 [2.8 - 13.0]
Mean Nb of GI DIE lesions	2.1 ± 1.8	1.0 ± 1.5	< 0.001	
Nb Gl DIE lesions > 1 (n, %)	50 (51.1)	15 (22.7)	< 0.001	3.5 [1.8 - 7.1]
Nb Gl DIE lesions > 2 (n, %)	25 (25.5)	5 (7.6)	0.002	4.2 [1.5 - 11.7]
Associated OMA (n, %)	52 (53.1)	14 (20.6)	< 0.0001	4.4 [2.1 - 8.9]

Relationship between DIE and adenomyosis Risk factors of severity (n = 166)

	DIE Ad OR [95% CI]			
Prediction of GI DIE lesions				
OMA	2.0 [0.8- 4.9]			
Post Focal ADM	5.5 [2.2 -11.0]			
Prediction of number of GI DIE lesions > 1				
OMA	3.7 [1.8- 7.5]			
Post Focal ADM	2.4 [1.2 -5.2]			
Prediction of number of GI DIE lesions >2				
OMA	1.6 [0.7- 3.8]			
Post Focal ADM	3.6 [1.3 -10.4]			
Prediction of total number of DIE lesions > 3				
OMA	2.3 [1.2- 4.7]			
Post Focal ADM	3.8 [1.8 -8.0]			

Relationship between OMA and MRI adenomyosis appearence

	OMA + (N=97)	OMA - (N=140)	p	OR [95%CI]
Diffuse adenomyosis (n, %)	42 (43.3%)	39 (27.9%)	0.01	2.1 [1.1 3.4]
Focal adenomyosis (n, %)	60 (61.9%)	59 (42.1%)	0.002	2.2 [1.3 3.8]
Associated F and D Adosis (n, %)	24 (24.7%)	22 (15.7%)	0.06	1.8 [1.0-3.4]
Mean size of Junction Zone (JZ) mm	10.3 ± 4.9	7.9 ± 5.1	<0.001	
% JZ / Myometrium	0.63 ± 0.39	0.48 ± 0.27	0.001	
Mean size of posterior focal adenomyosis	16.2 ± 6.2	14.6 ± 5.1	0.169	



Take home messages



Strategy

- Global approach

Endometriosisand

SUP OMAs

Adenomyosis

Patients



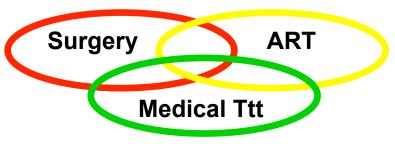


Pelvic pain

DIE

Infertility

- Multidisciplinary management





Take home messages



- Signification of diffuse Adenomyosis?
- Focal adenomyosis: Marker for DIE severity
 - TVUS diagnosis?
- Adenomyosis pathogenesis: 2 different entities?
 - *Diffuse:* Junction Zone
 - Focal: Implantation

Diffuse adenomyosis

Pathogenesis

