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MORPHOLOGICAL AND CLINICAL FEATURES OF NODULAR FORM OF ADENOMYOSIS

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Relevance. Endometriosis is a condition that affects women of reproductive age, and it is distinguished by the development of endometrial-like tissue outside the uterine cavity. Endometriosis of the uterine body and uterine isthmus can be diffuse, focal (nodular), diffuse nodular. Adenomyosis is a prevalent yet often underrecognized gynecological condition involving the invasion of endometrial tissue into the myometrium. This condition significantly impacts women's reproductive health, contributing to a wide array of symptoms and complications. Despite its high incidence and clinical importance, adenomyosis does not receive adequate clinical attention and research compared to other gynecological disorders. Adenomyosis only affects people who have periods, especially those aged 30 to 50. Studies suggest that about one in 5 women have adenomyosis.

Aim: the purpose of this research is to compare the morphological and microscopical changes, and clinical association with the patients with nodular adenomyosis.

Materials and methods: Tissue samples were obtained from two female patients aged 41 and 53 years who underwent surgical treatment at a gynecological hospital. The specimens included uterine tissue with myometrial lesions, ovarian tissue, and cervical tissue. Histological slides were prepared using standard techniques and stained with hematoxylin and eosin (H&E). Microscopic examination was performed to assess the morphological characteristics of the myometrial lesions, the presence and pattern of endometrial glands and stroma within the myometrium, and any associated pathological findings in the ovaries, uterine corpus, and cervix. Descriptive morphological analysis was conducted for both cases.

Results and their discussion. There were two women who diagnosed with uterine fibromyomas before hysterectomy. All of their biopsies showed nodular form of adenomyosis localized to the posterior wall of the uterus in both cases. Following data have been uncovered from the biopsy of the woman aged 41: presence of endometrial hyperplasia, thickness of posterior myometrial wall is 7cm and anterior wall is 3.5 cm, sample measurement in the right ovary: 1x0.8x0.4 cm. In the data from the biopsy of the woman aged 53: sample measurement of the cervix 4x4.5 cm, in the left side: fallopian tube size was 5x0.4 cm, ovary 3x2.5x1 cm. In the right side: fallopian tube 4.5x0.4 cm, ovary 2.5x2x1 cm, cyst was presented in the right side ovary which is 1cm in size. Well-defined foci of endometrial glands and stroma embedded within the myometrium, surrounded by hypertrophied smooth muscle bundles. Neither clear demarcation of nodular tumor from surrounding myometrium nor true encapsulation were detected. No diffuse myometrial involvement was observed. Ovarian cyst follicles, and chronic cervicitis presented in both cases.

Conclusions. Nodular adenomyosis is not always detected by clinical and instrumental examination methods. A more common diagnosis is a «leiomyomatous nodule», which is confirmed by our study. In the nodular form of adenomyosis, the fibrous pseudocapsule characteristic of leiomyoma is not determined. Microscopically, the nodular form of adenomyosis is represented by foci of glands and stroma with perifocal leiomyomatous hyperplasia, which are closely adjacent to each other and form a node with a wall thickening of more than 5-7 cm.