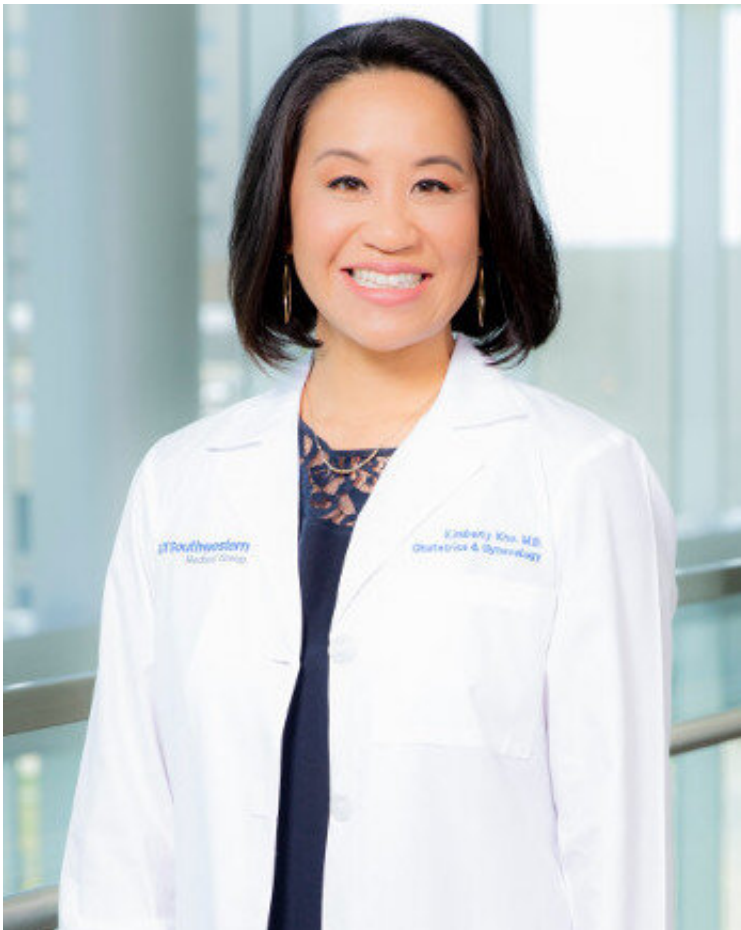


Review finds hysterectomy can be avoided for common gynecological condition

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Kimberly A. Kho, M.D., Associate Chief of Gynecology at UTSW's William P. Clements Jr. University Hospital. Credit: UT Southwestern Medical Center

Adenomyosis—an abnormal tissue growth into the muscular wall of the

uterus that causes painful cramps and heavy or prolonged menstrual bleeding—is more common than generally appreciated, a review of the literature by gynecologists at UT Southwestern Medical Center revealed.

Up to 1 in 3 [women](#) have adenomyosis, which should be considered in the differential diagnosis of abnormal uterine bleeding and/or [pelvic pain](#), the researchers noted. Considered a common uterine condition, the syndrome often goes undiagnosed until it results in a hysterectomy, although surgery may be preventable for some women, according to the findings published in *JAMA Network*. The researchers identify several medical therapies and uterine-sparing procedures that can effectively improve symptoms without need for a hysterectomy.

"Many women come to me and say the only solution they've ever been offered is a hysterectomy. Other low-cost, low-risk options such as [medical management](#) or less invasive options have existed for more than 20 years," said lead author Kimberly A. Kho, M.D., Associate Chief of Gynecology at UTSW's William P. Clements Jr. University Hospital and member of the Lowe Foundation Center for Women's Preventative Health Care at UT Southwestern.

Modern ultrasound and MRI imaging, combined with a pelvic examination, can often spot the condition, said Dr. Kho. She and her colleagues encouraged greater awareness of this condition—as well as a related condition, endometriosis—including among school nurses, who are frequently the first contact for [young women](#) who begin menstruating. Social traditions can inaccurately teach women from a young age that heavy bleeding and pain during periods are normal, but these symptoms if left untreated can intensify over time, leading to lower quality of life, pain during [sexual intercourse](#), and issues with fertility.

"Physicians often consider adenomyosis to be a condition of women in their 40s and 50s because that's when they have their uteruses removed

and receive a diagnosis, but it develops much earlier," said Dr. Kho, a former National Institutes of Health-supported clinical scholar who serves as an expert for several national organizations, including the American College of Obstetricians and Gynecologists (ACOG), the Food and Drug Administration (FDA), and the Centers for Disease Control and Prevention (CDC). "Improved clinical awareness is needed to ensure appropriate patient care and encourage additional studies to improve the understanding of adenomyosis."

No FDA-approved medical therapies are specifically indicated for treating adenomyosis, but the condition can be managed by using medications developed for contraception, or for symptoms of other gynecologic conditions such as fibroids or endometriosis. Further clinical and pathological studies are needed, the authors noted, including what ages and ethnicities are most commonly affected, and what the condition can inform us about uterine cancers.

More information: Kimberly A. Kho et al, Diagnosis, Evaluation, and Treatment of Adenomyosis, *JAMA* (2021). [DOI: 10.1001/jama.2020.26436](https://doi.org/10.1001/jama.2020.26436)

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