37. Adenomyosis is an independent risk factor for complications in deep

endometriosis laparoscopic surgery

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Sci Rep. 2022 Apr 30;12(1):7086.doi: 10.1038/s41598-022-11179-8.

Abstract

Deep endometriosis (DE) occurs in 15-30% of patients with endometriosis and is associated

with concomitant adenomyosis in around 25-49% of cases. There are no data about the effect

of the presence of adenomyosis in terms of surgical outcomes and complications. Thus, the

aim of the present study was to evaluate the impact of adenomyosis on surgical complications

in women with deep endometriosis undergoing laparoscopic surgery. A retrospective cohort

study including women referred to the endometriosis unit of a referral teaching hospital. Two

expert sonographers preoperatively diagnosed DE and adenomyosis. DE was defined

according to the criteria of the International Deep Endometriosis Analysis group.

Adenomyosis was considered when 3 or more ultrasound criteria of the Morphological

Uterus Sonographic Assessment group were present. Demographical variables, current

medical treatment, symptoms, DE location, surgical time, hospital stay and difference in pre

and post hemoglobin levels were collected. The Clavien-Dindo classification was used to

assess surgical complications, and multivariate analysis was performed to compare patients

with and without adenomyosis. 157 DE patients were included into the study; 77 (49.05%)

had adenomyosis according to transvaginal ultrasound (TVS) and were classified in the A

group, and 80 (50.95%) had no adenomyosis and were classified in the noA group.

Adenomyosis was associated with a higher rate of surgical complications: 33.76% (A group)

vs. 12.50% (noA group) (p < 0.001). Multivariate analysis showed a 4.56-fold increased risk

of presenting complications in women with adenomyosis (CI 1.90-11.30; p = 0.001)

independently of undergoing hysterectomy. There was a statistically significant association

between the number of criteria of adenomyosis present in each patient and the proportion of

patients presenting surgical complications (p < 0.001). Adenomyosis is an independent

preoperative risk factor for surgical complications in DE surgery after adjustment for known

demographic, clinical and surgical risk factors.