

Results of the operative surgery with severe forms of adenomyosis

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Context. The positive outcomes of both surgical and suppressive hormonal treatment in patients with adenomyosis.

Objective. The aim of our study was to develop a hormone therapy administration in post operative patients for adenomyomectomy by the method of H. Osada.

Methods. This is a prospective case series followed from October 2012 to November 2017.

Patients. 26 patients amounted to $35,3 \pm 7,2$ years of adenomyosis after adenomyomectomy. All patients complained about chronic abnormal uterine bleeding, algomenorrhea (92,3%), dyspareunia (61,5%), chronic posthemorrhagic anemia (80,7%), infertility (66,7%).

Results. With the purpose to increase the efficiency of surgical treatment and prevent disease recurrence in the postoperative period, we developed hormonal therapy protocol: gonadotropin-releasing hormone agonist for 4 – 6 months – Dienogest for 6 – 12 months – combined hormonal contraceptives (COCs) in continuous mode for 6 months or more. Simultaneously with hormonal treatment from the first days of the postoperative period all the patients were subjected to epigenetic therapy for 12 – 18 months. There was a strong reduction in both dysmenorrhoea and hypermenorrhoea and all patients returned to having normal menstrual cycles. Up to now 3 of the patients got spontaneously pregnant; 2 of them delivered healthy kids and 1 woman is at 16 weeks of gestation.

Conclusion. For the successful treatment of patients with severe adenomyosis, in addition to high quality surgical equipment and high quality surgical technique, it is necessary to conduct adequate pathogenetic and hormone therapy right after surgery with the inclusion of epigenetic therapy, and continuous and careful follow up.

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