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EFFICIENCY OF DIFFERENT BIOPSY METHODS OF ADENOMYOSIS DIAGNOSIS, COMPARATIVE ANALYSIS

Introduction. Usage of low invasive methods in adenomyosis diagnosis helps to diagnose adenomyosis definitely by histological examination of myometrium samples.

Material and methods. Hysterectomy specimen (n=32), in 24 (75%) cases the adenomyosis was confirmed by pathologic examination. Imitation of transcervical and transabdominal puncture biopsy, pinch and resection biopsy in vitro were performed.

Results:

- pinch biopsy is characterized by low volume of myometrium sample ~1mm³, unavailability to obtain deep located areas of myometrium,
- resectobiopsy is characterized by unavailability to obtain deep located areas of myometrium,

high side thermal necrosis, making 70% of preparation impossible for histological analysis.

- Sensitivity of transcervical puncture biopsy for 5-nodular is 48%, 6-8 nodular – 83%, this method provides possibility to obtain deep located areas of myometrium;
- transabdominal puncture biopsy gets tissue samples from external zones of myometrium, making impossible determine the depth of endometrial invasion. Sensitivity of transabdominal biopsy is 58% for 8-nodular biopsy.

Conclusions. 6-nodular transcervical biopsy – is the optimal method to obtain histological samples confirming adenomyosis.

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THE CORRELATION OF HISTOLOGICAL AND ULTRASONIC SIGNS OF ADENOMYOSIS

Introduction. Ultrasonography (USI) is a routine investigation technique in gynecology. USI – is the only method, which allows to suspect adenomyosis without invasive study. The determining of US features correlation with endometriometrial alteration helps to define specificity and reliability of different US signs.

Material and methods. USI and histological examination findings of 24 patients with urgent nongravid metrorrhage were observed.

Results. Small cystical inclusions in myometrium can't be explained by heterotopy presence, but connected with

fibroid changes of myometrium, and besides the effectiveness of sign reduces while the vascular component rises, because of the diminution of specific volume of fibroid, and inability to recognize separate inclusions in case of diffuse abnormal echostructure of myometrium. Diffuse echostructure discovered at USI is related to muscular tissue edema, most evident at paraheterotopic areas of myometrium. Most effective USI sign in adenomyosis diagnosis was – M-echo visualization at third day after uterine curettage, which reflects basal layer of endometrium and adjacent myometrium hyperplasia.

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THE RATE OF PREGNANCY FOLLOWING DIFFERENT TREATMENT OF ENDOMETRIOSIS

Materials and methods. Endometriosis surgery was carried out in 401 patients. Average age was 27,8 and all of them suffered from infertility for 2-5 years while endocrine factor was excluded. Patients were divided into two groups: a) surgical treatment only b) surgical treatment followed by hormonal therapy Gn-RH agonists for 6 months.

Results. Pregnancy rate in patients with endometri-

osis associated infertility reached 45,2%. It was noted that pregnancy frequency in patients undergoing combined treatment was 18% higher that in patients which underwent only surgical destruction of the nidi. Majority of pregnancies occurred in the first six months following the treatment, after that pregnancy frequency sharply declined.

Conclusion. Two stage treatment (1 – destruction of