

## Management of adenomyosis in infertile women: comparison between laparotomic resection and administration of aromatase inhibitor : experience in 55 cases

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### Abstrak

Tujuan penelitian ini adalah membandingkan hasil pengobatan adenomiosis dengan reseksi dan pemberian inhibitor aromatase. Kasus adenomiosis dengan infertilitas dikumpulkan selama 3 tahun (Januari 1999 sampai Desember 2001) yang dikonfirmasi dengan USG transvaginal. Kasus dibagi 2 kelompok, masing-masing kelompok 1 (dengan reseksi per laparotomi) dan kelompok 2 (mendapat inhibitor aromatase anastrozole). Keduanya dinilai tentang gejala klinik, angka kehamilan, dan angka perkainbuan pascaoperasi. Selama 3 tahun telah ditangani 1619 kasus infertilitas, di antaranya 66 (4.07%) adenomiosis sebanyak 55 kasus dianalisis, terdiri atas 32 kasus kelompok I dan 23 kasus kelompok 2. Dan 32 kasus yang menjalani reseksi, hasil histopatologik menunjukkan 30 (93.75%) adenomiosis dan 2 (6.25%) mioma uteri. Dalam kelompok 1, 3 kasus hamil, 2 melahirkan bayi hidup, 1 kasus berakhir dengan abortus pada kehamilan 6 minggu. Sebanyak 25 kasus (78.1%) tidak hamil, 4 kasus (12.5%) mengalami perkainbuan, dan pada 24 kasus (75.35%) gejala-gejala klinis hilang. Sementara itu, 23 kasus kelompok 2, sebanyak 2 (8.6%) hamil, masing-masing 1 lahir hidup dan 1 abortus. Sebanyak 14 kasus (59.1%) gejala klinik hilang. Selama pengobatan 3 bulan dengan inhibitor aromatase terjadi penurunan ukuran lesi antara 7.31 mm' dan 25.90 mm dengan CI 95% ( $p < 0.001$ ). Disimpulkan bahwa pengobatan dengan inhibitor aromatase tidak menyembuhkan lesi, hanya mengurangi ukuran lesi adenomiosis. Sebaliknya reseksi dapat menghilangkan lesi walaupun perkainbuan dapat terjadi (12.5%) sesudah 1 tahun pascaoperasi. (MedJ Indones 2006; 15:18-23).

The objective of this study was to observe the results of adenomyosis management with resection and administration of aromatase inhibitor. Cases of adenomyosis in infertile women were collected for three years (January 1999 to December 2001) and the diagnoses were confirmed using transvaginal USG. Cases were grouped into two groups, i.e. group 1 (undergoing laparotomic resection) and group 2 (receiving treatment with aromatase inhibitor of anastrozole). Both groups were evaluated for changes in clinical symptoms, rate of successful pregnancy, and postoperative recurrence rate. During three years as many as 1619 infertility cases were managed, and among which 66 (4.07%) cases of adenomyosis were diagnosed with transvaginal USG. As many as 55 cases were analyzed, i.e., 32 cases underwent resection and 23 cases received aromatase inhibitor. Of 32 cases of surgical resection, the histopathological results showed 30 (93.75%) cases of adenomyosis and 2 (6.25%) cases of uterus myoma. In the group undergoing resection three cases (9.4%) were successfully pregnant, i.e., two cases had live birth, one case ended up with 6-week abortion. Moreover, 25 (78.1%) cases were not pregnant and 4 (12.5%) cases had recurrence, while 24 (75.35%) cases experienced disappearance of symptoms yet not pregnant. On the other hand, of 23 cases in the group receiving aromatase inhibitor 2 (8.6%) cases were able to be pregnant, one case had live birth and another case ended up with abortion, while 14 (59.1%) cases had disappearance of symptoms yet not pregnant. During three months of treatment with aromatase inhibitor, a reduction in the lesion size between 7.31 mm and 25.90 mm' were observed with CI 95% ( $p < 0.001$ ). In conclusion, treatment with aromatase

inhibitor did not heal lesions, but only reduced the size of adenomyosis lesions. On the other hand, resection could heat lesions, yet recurrency of disease may occur (12.5%) after one postoperative year. (Med J Indones 2006; 15:18-23).</i>