



Medical management of endometriosis and adenomyosis amid COVID-19 pandemic to improve HRQoL



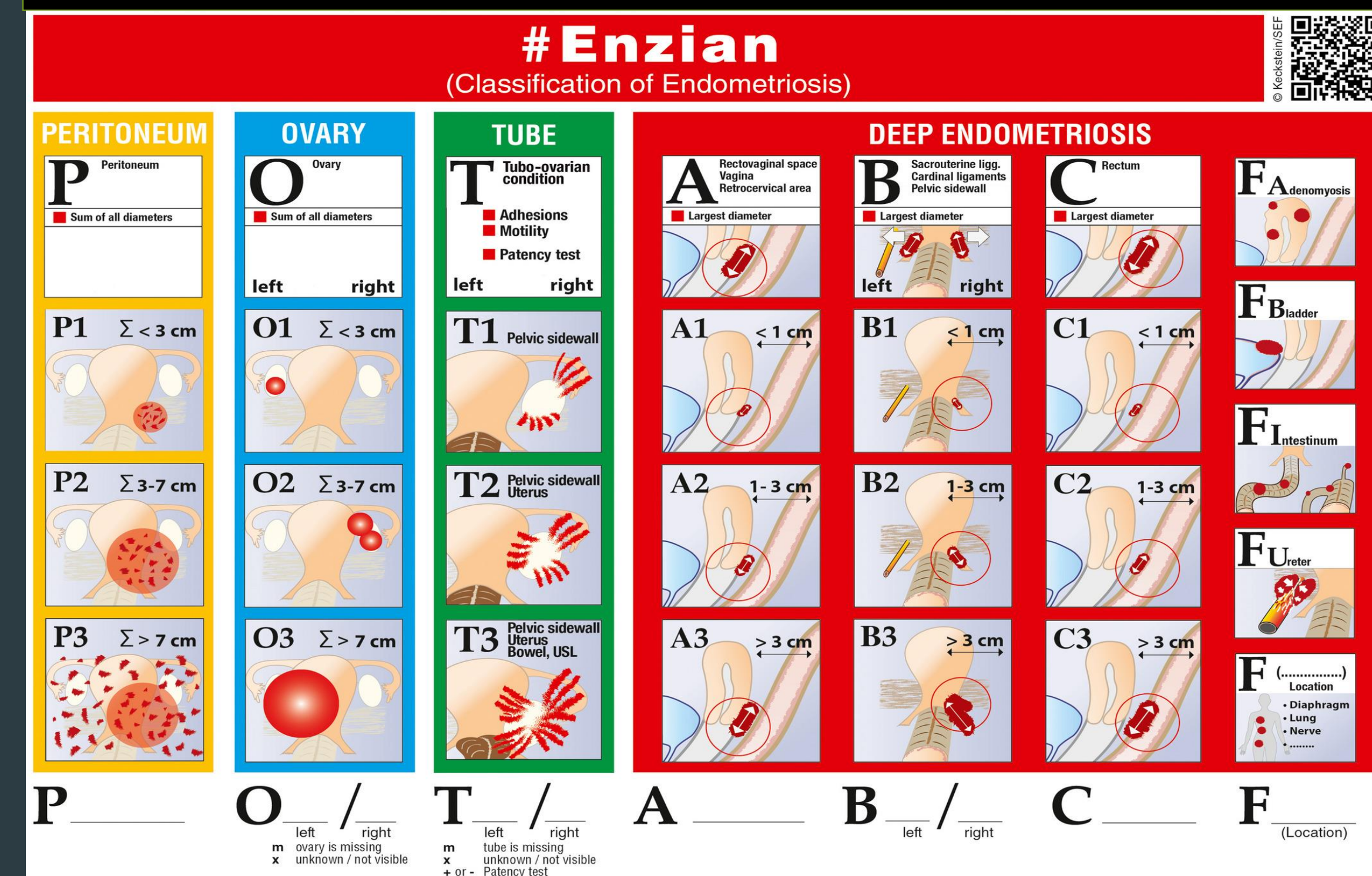
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Introduction

Endometriosis and adenomyosis are the two devastating gynaecological conditions that affect significantly the Health-Related Quality of Life (HRQoL) having a prevalence of about 5% to 15%. Among these, 1-5% suffer from Deep Infiltrating Endometriosis (DIE). Hormonal treatment is being proved as an indispensable part of the management of DIE and adenomyosis during this COVID-19 pandemic to improve the HRQoL.

Case Report

A young lady of 24 years with a previous history of two caesarean sections presented with dysmenorrhea, menorrhagia & dyspareunia for two years with increasing severity. She had an appendicectomy a year back when the surgeon noticed endometriotic deposits involving peritoneum, bowel loops and uterosacral ligaments and referred her to our gynaecology department where she was diagnosed provisionally with the help of TVUS as a case of DIE and adenomyosis [#Enzian (s)P3, O0/0, T3/2, A2,B2/2,C1u, FAu, F(Appendix)]. We prescribed GnRH agonist but she sought other options due to her financial constraint. She agreed to have LNG-IUS and oral progestogens after an extensive discussion about the management options, including their benefits and drawbacks as well as total costs. On follow-ups after one, three, and six months of LNG-IUS insertion; she showed a significant improvement in her HRQoL (55% improvement) in terms of physical, psychological, sexual, and social perspectives measured using Nottingham Health Profile (NHP).



#Enzian Classification

This patient's classification: #Enzian (s)P3, O0/0, T3/2, A2,B2/2,C1u, FAu, F(Appendix)

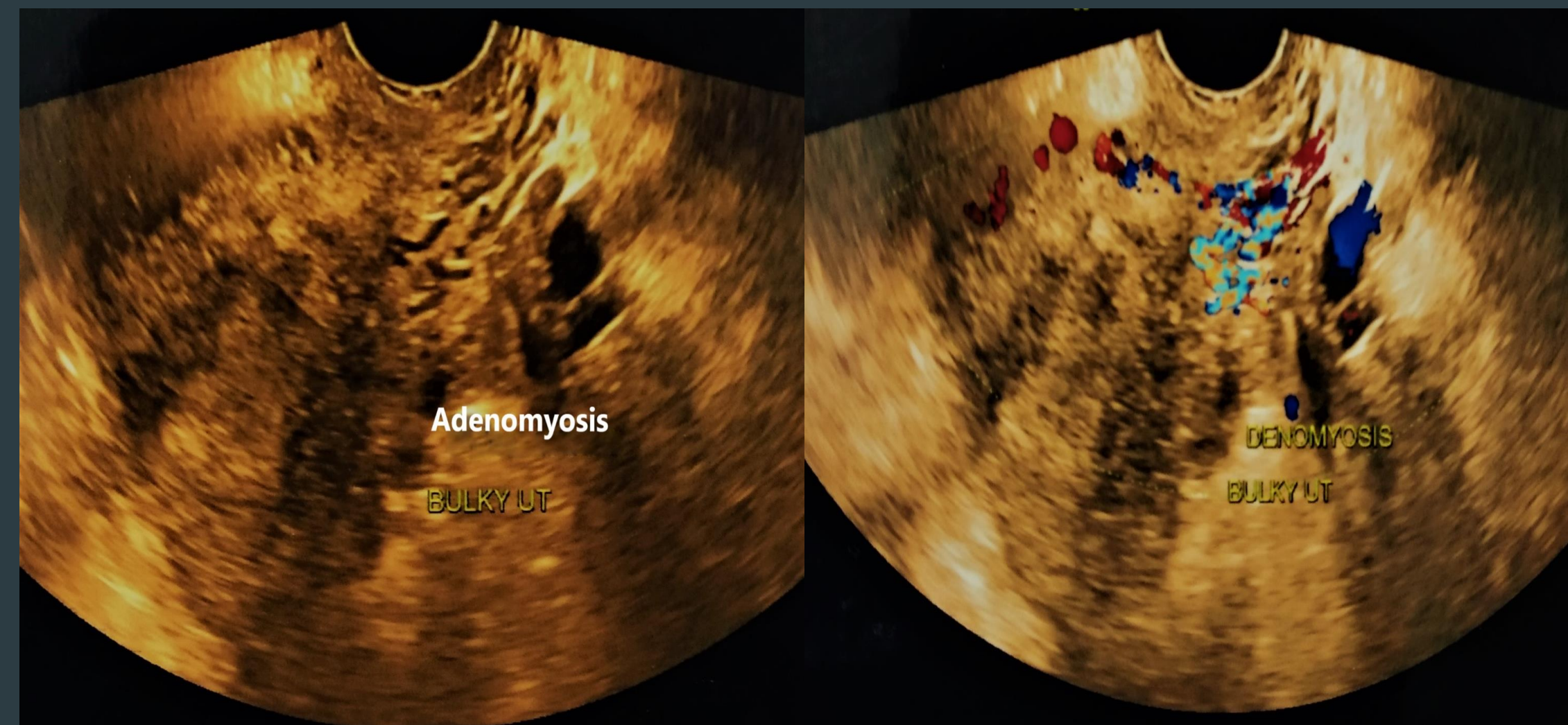


Figure: TVS showing globular uterus, cystic spaces and linear striations due to adenomyosis

Figure: TVS with colour doppler showing scattered vessels & intramural signals

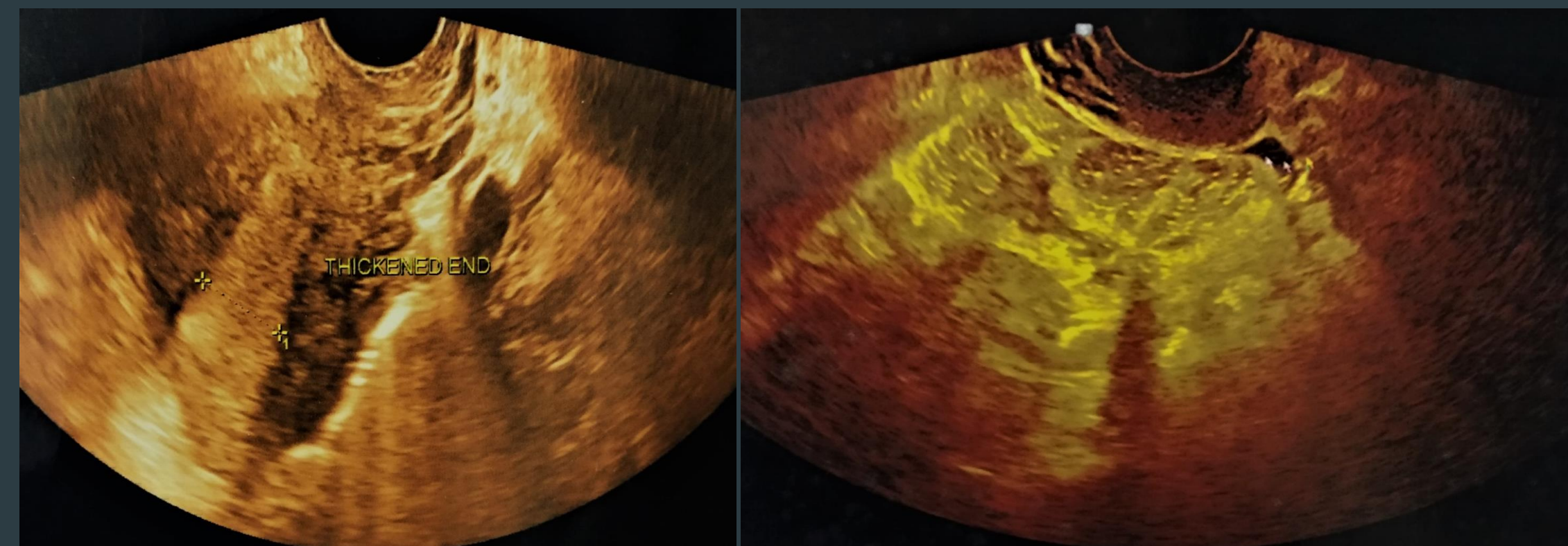


Figure: Thick endometrium before insertion of LNG-IUS (Endometrial thickness 18 mm)

Figure: TVS showing adherent bowel loops due to DIE & endometriosis

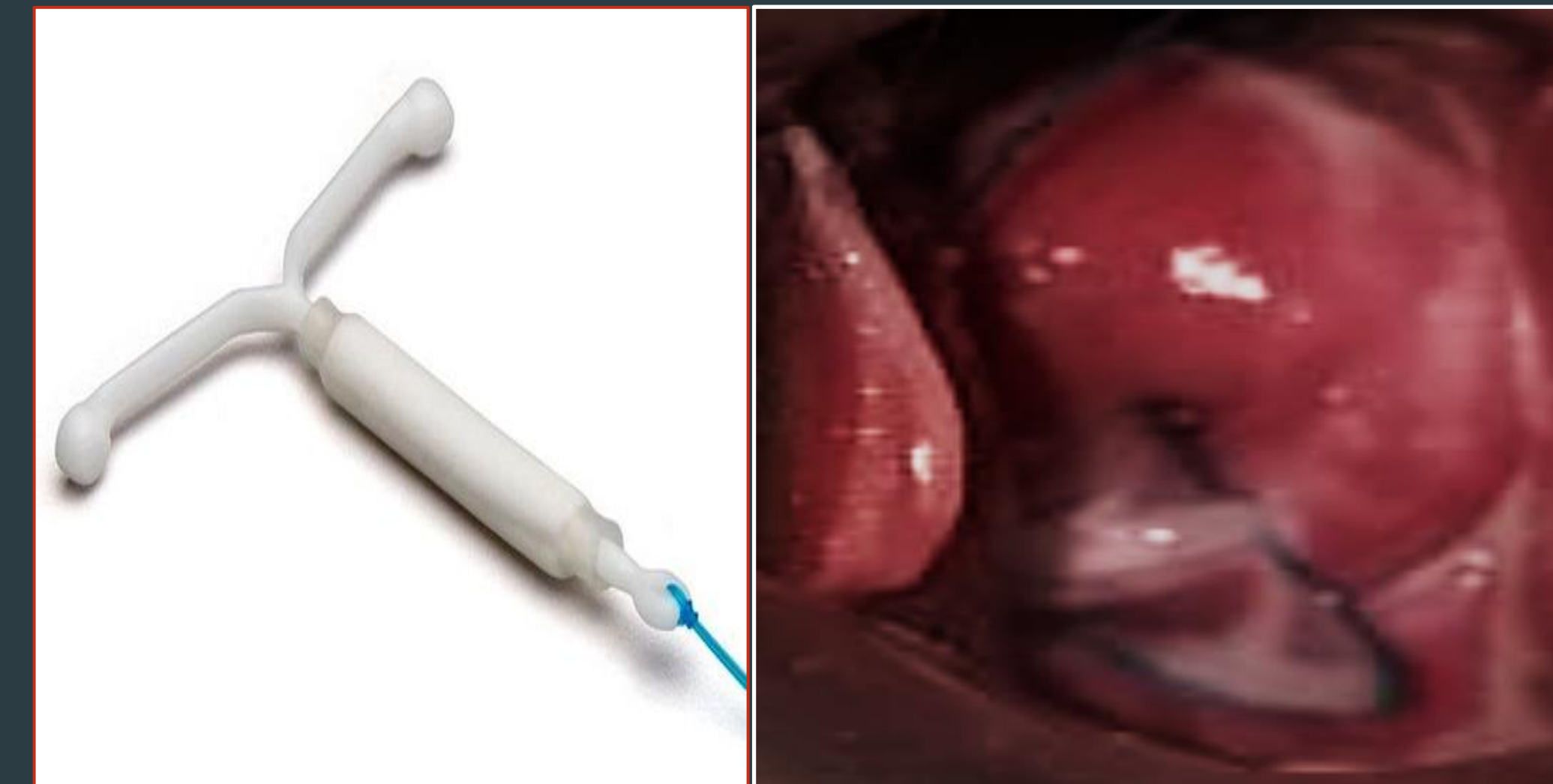


Figure: Levonorgestrel-releasing intrauterine system (LNG-IUS)

Figure: Per speculum examination at 3 months' follow up showing the thread of LNG-IUS

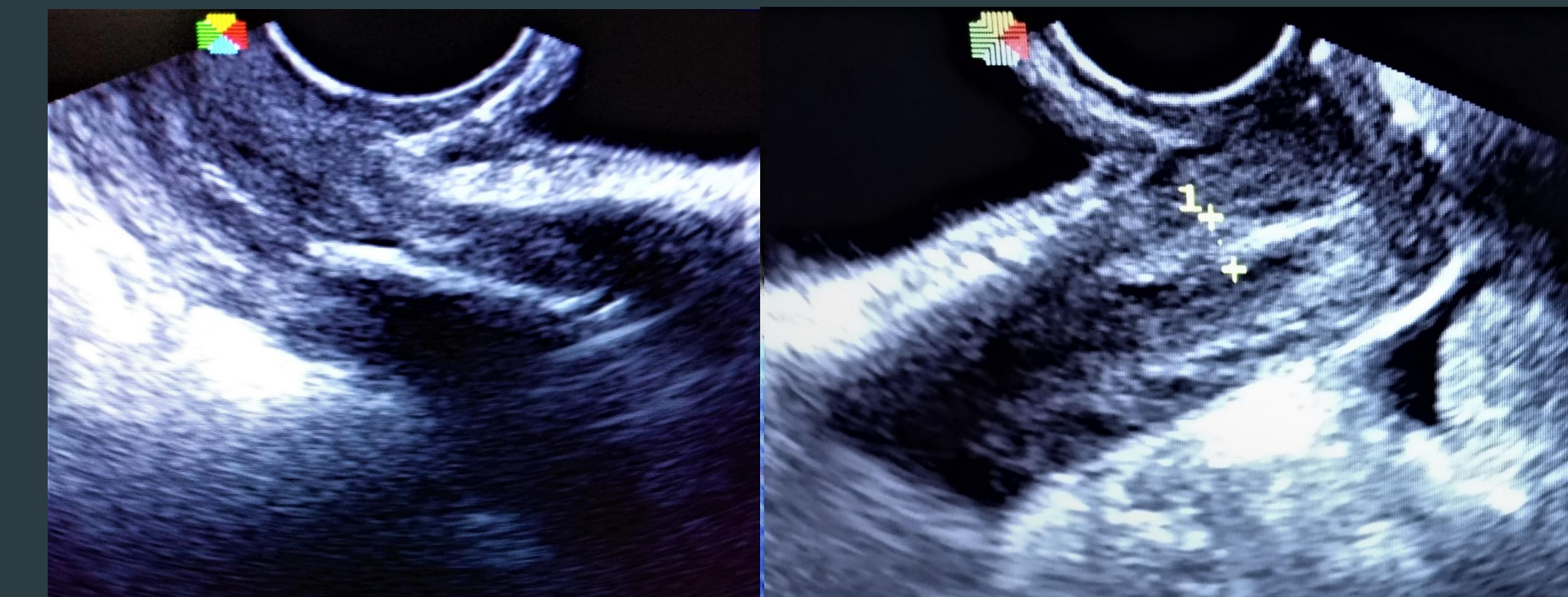


Figure: Follow up TVS at 3 months showing LNG-IUS in situ as well as significantly reduced size of uterus and decreased endometrial thickness

Figure: Decreased endometrial thickness (5.6 mm) 3 months after insertion of LNG-IUS

Discussion

Endometriosis is a condition in which tissue that resembles the uterine endometrial lining grows outside the uterus; however, in adenomyosis, the lining is found deep within the uterine muscles. The simultaneous presence of these two conditions significantly hampers the HRQoL of a woman. LNG- IUS along with other progestogens are being proved as a valuable long term management option to improve the HRQoL during this Covid-19 crisis.

There are several tools to assess HRQoL including the Nottingham Health Profile (NHP) and World Health Organization Quality of Life Assessment-BREF (WHOQOL-BREF). The NHP is a 38-item questionnaire that evaluates physical mobility, pain, sleep, social isolation, emotional reactivity, and energy level. Its wording is straightforward and easy to understand, and patients can finish it within 5 minutes. Its application in determining the prognosis of treatment modalities used in treating endometriosis and adenomyosis may have a substantial impact on healthcare.

Conclusion

The issues posed by the Covid-19 pandemic have heightened the necessity for conservative approaches to treating endometriosis and adenomyosis in women, which is why non-surgical treatment options and distant follow-up techniques should be advocated.

Recommendations

Routine use of the Nottingham Health Profile Questionnaire in patients with endometriosis can improve the assessment of the treatment modalities.

References

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