#156 Nawras Zayat Advisor(s): Ozgul Muneyyirci

**Clinical Presentation of Women with Adenomyosis Alone and Concurrently with Uterine Fibroids**

Objective: To determine the differential symptom profiles, presentations, laboratory values and risk factors, of patients affected by two disorders: adenomyosis alone (AA), and adenomyosis with fibroids (AF).
Methods:
An IRB-approved retrospective chart review was conducted using EMRs of 375 women aged 18 years and older seen at SUNY Downstate's Outpatient OB/GYN Suite.
Diagnosis of adenomyosis and uterine fibroids were determined by the treating gynecologist. Women were categorized as adenomyosis alone (AA), adenomyosis concurrent with uterine fibroids (AF) or controls. Data were then analyzed for group differences between AA vs controls and AA vs AF.
Results:
Women were mostly Black (64.8%) with median BMI of 27.0 kg/m2. AA women were significantly older than controls (42 vs 36 years, respectively; p= 0.01). AA women had a significantly higher prevalence of dysmenorrhea compared to controls (70.6 vs 29.2%, respectively, p= 0.002), endometriosis (17.2 vs 6.2% respectively; p= 0.045) and heart disease (13.3 vs 4.1%, respectively; p= 0.05). AA women were more likely to have had a myomectomy than controls (20.7 vs 2.9%, respectively, p< 0.001).
The subset of women with adenomyosis (AA & AF) were similar in age (p= 0.9577) and BMI (p= 0.1353). AF women were significantly less likely to have PCOS compared to AA women (2.8 vs 50.0%, respectively; p <0.0001). AF women compared to AA women were noted to have significantly thicker endometrium on ultrasound (7.6 vs 2.9 mm, respectively; p= 0.005) and significantly lower levels of hemoglobin (11.9 vs 12.8 g/dL, respectively; p= 0.03) and HbA1C (5.5 vs 5.7%, respectively; p= 0.04).
Conclusions:
Women with adenomyosis reported having dysmenorrhea at a higher rate than controls. They were also more likely to have a history of endometriosis, heart disease and previous myomectomy.
Women with concurrent fibroids and adenomyosis were more likely to have thickened endometrium as well as lower levels of hemoglobin and HbA1C.

Additional contributors to this project:
Victor Mniarji, MD
Anthony Filipovic, BS
Brittany Dey, BS
Aladeyemi Osho, BS
Oladunni Ogundipe, BS
Lisa Scott, BS
Cassandra Charles, BA
Serin Seckin, MD
Ozgul Muneyyirci-Delale, MD