

**Association between endometriosis and adenomyosis:
Diagnosis and management.**

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Endometriosis, histologically defined as functional endometrial glands and stroma developing outside of the uterine cavity is a common gynecologic disorder. Pathogenesis of endometriosis is enigmatic and remains controversial, even if retrograde menstruation seems the most probable mechanism for the development of the disease. Concerning the endometriotic lesions clinical appearance, there are three phenotypes: peritoneal superficial endometriosis (SUP), ovarian endometriosis (OMA) and deep infiltrating endometriosis (DIE).

Adenomyosis is also a common benign uterine pathology that is defined by the presence of islands of ectopic endometrial tissue within the myometrium, with adjacent smooth muscle hyperplasia. There are two types of adenomyosis depending on the extend of myometrial invasion: the diffuse adenomyosis (defined as the expansion of the junctional zone (JZ) along the length of the uterine cavity) and the focal adenomyosis (also called adenomyoma defined as a localized circumscribed nodular aggregates of endometrial gland and stroma), sometimes associated together.

The objective of the presentation is to precise the relationship between endometriosis and adenomyosis taking into account the different endometriosis phenotypes (SUP, OMA and DIE) and the two forms of adenomyosis (focal and/or diffuse). We will also look at the consequences for the patients of an associated adenomyosis to endometriosis.