HOSPITALES UNIVERSITARIOS
Virgen del Rocío

ESTADO DE HIPERCOAGULABILIDAD EN RELACIÓN CON ADENOMIOSIS UTERINA

- HOSPITAL UNIVERSITARIO VIRGEN DEL ROCÍO
- SERVICIO DE ANATOMÍA PATOLÓGICA
- GEMA NARCISO REPILADO, J. LUIS DOMÍNGUEZ MIRANDA, M. BEGOÑA VIEITES PÉREZ QUINTELA

DATOS CLÍNICOS

- Mujer, 50 años
  - Fumadora (10-15 cigarrillos/día)

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- Mujer, 50 años
  - Fumadora (10-15 cigarrillos/día)

- Desde 2010
  - Hipermenorreas y dolor pélvico crónico perimenstrual/ovulatorio
    - ¿Adenomiosis profunda?

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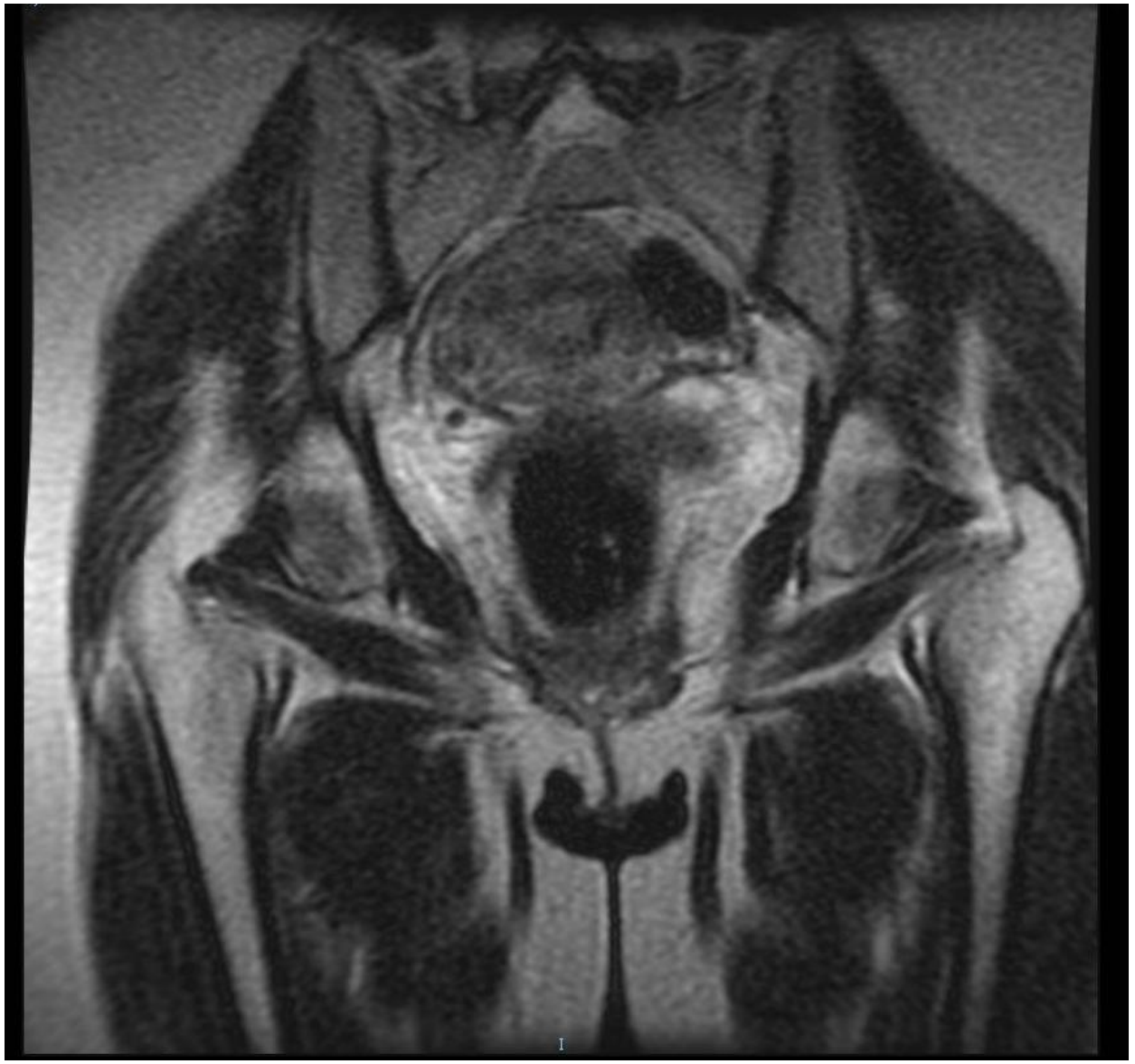
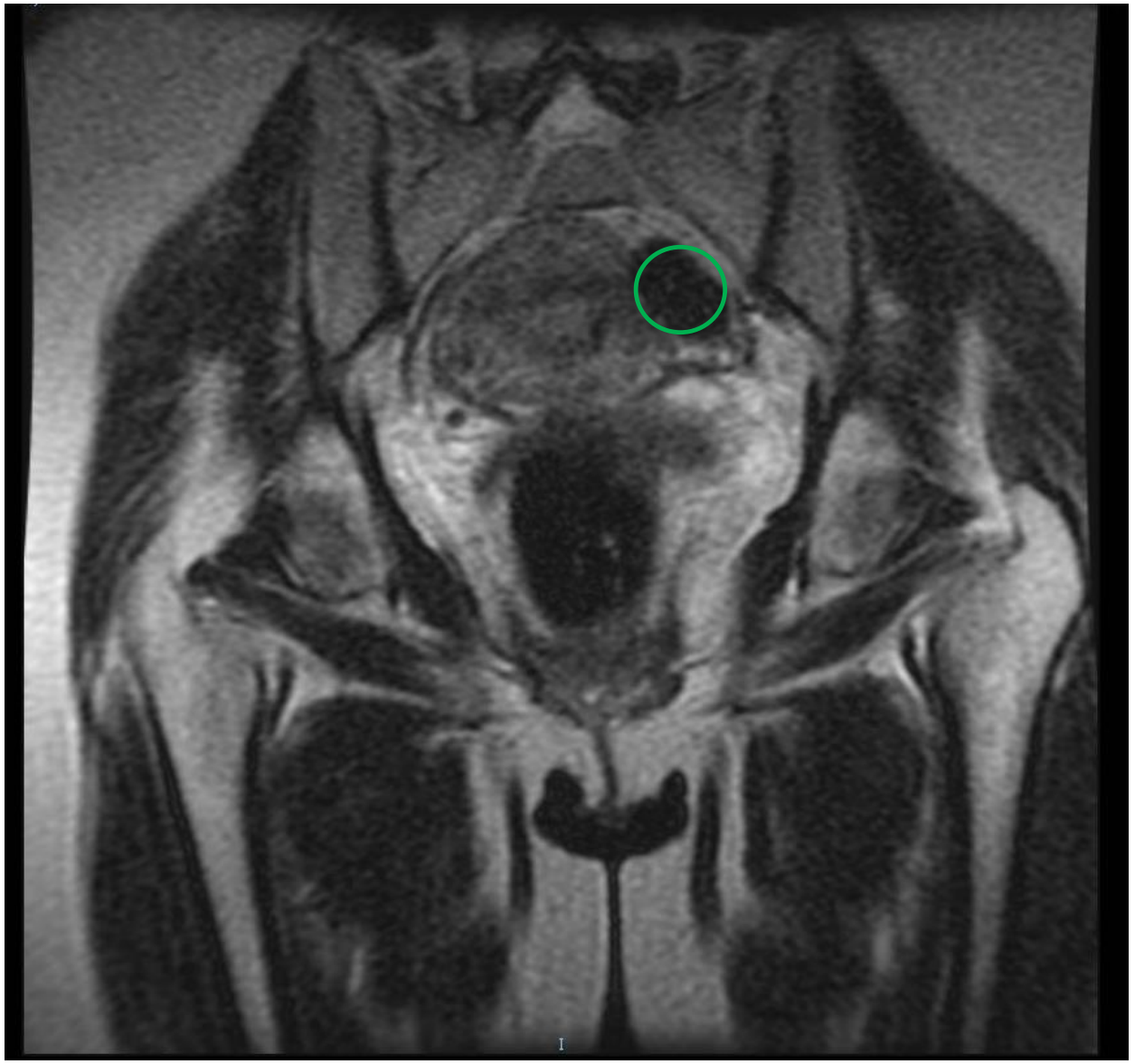
- Mujer, 50 años
  - Fumadora (10-15 cigarrillos/día)

- Desde 2010
  - Hipermenorreas y dolor pélvico crónico perimenstrual/ovulatorio
    - ¿Adenomiosis profunda?

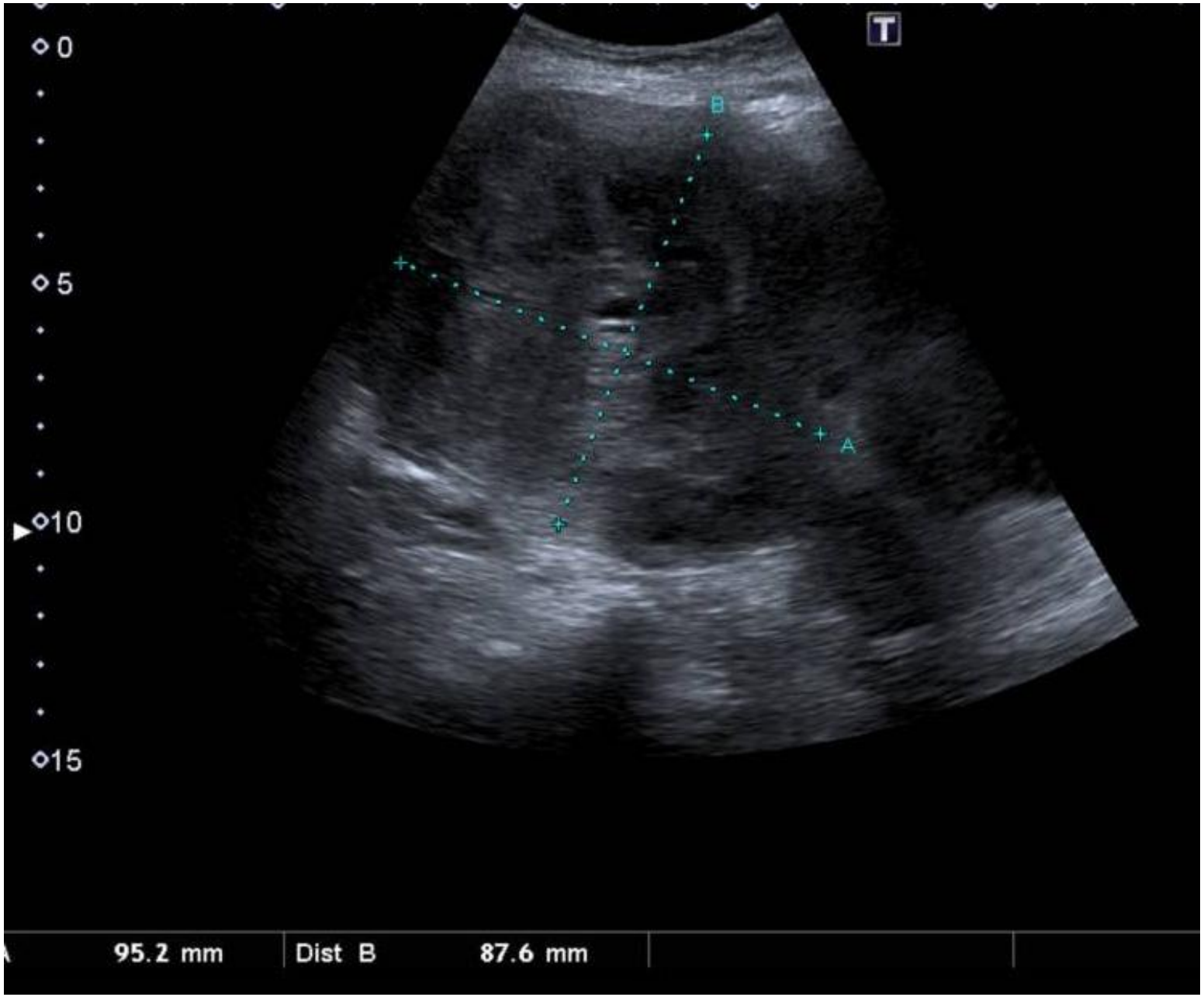
- 18/07/2013
  - (RMNc/c) Miomas uterinos múltiples





DATOS CLÍNICOS

- 06/09/2017
  - (ECO)


0
5
10
15
B
A
95.2 mm
Dist B
87.6 mm

DATOS CLÍNICOS

- 06/09/2017
  - (ECO) Masa uterina compatible con mioma sin descartar lesión atípica

DATOS CLÍNICOS

- 06/09/2017
  - (ECO) Masa uterina compatible con mioma sin descartar lesión atípica

- 10/09/2017
  - Síncope (pérdida de conciencia + relajación de esfínteres)
  - Síndrome febril (38ºC) + dolor abdominal/naúseas/vómitos + dolor centrotorácico irradiado a MSI
  - Reglas abundantes (menstruación hace dos días)
  - (TCc/c)

(10/09/2017)

(10/09/2017)

(10/09/2017)

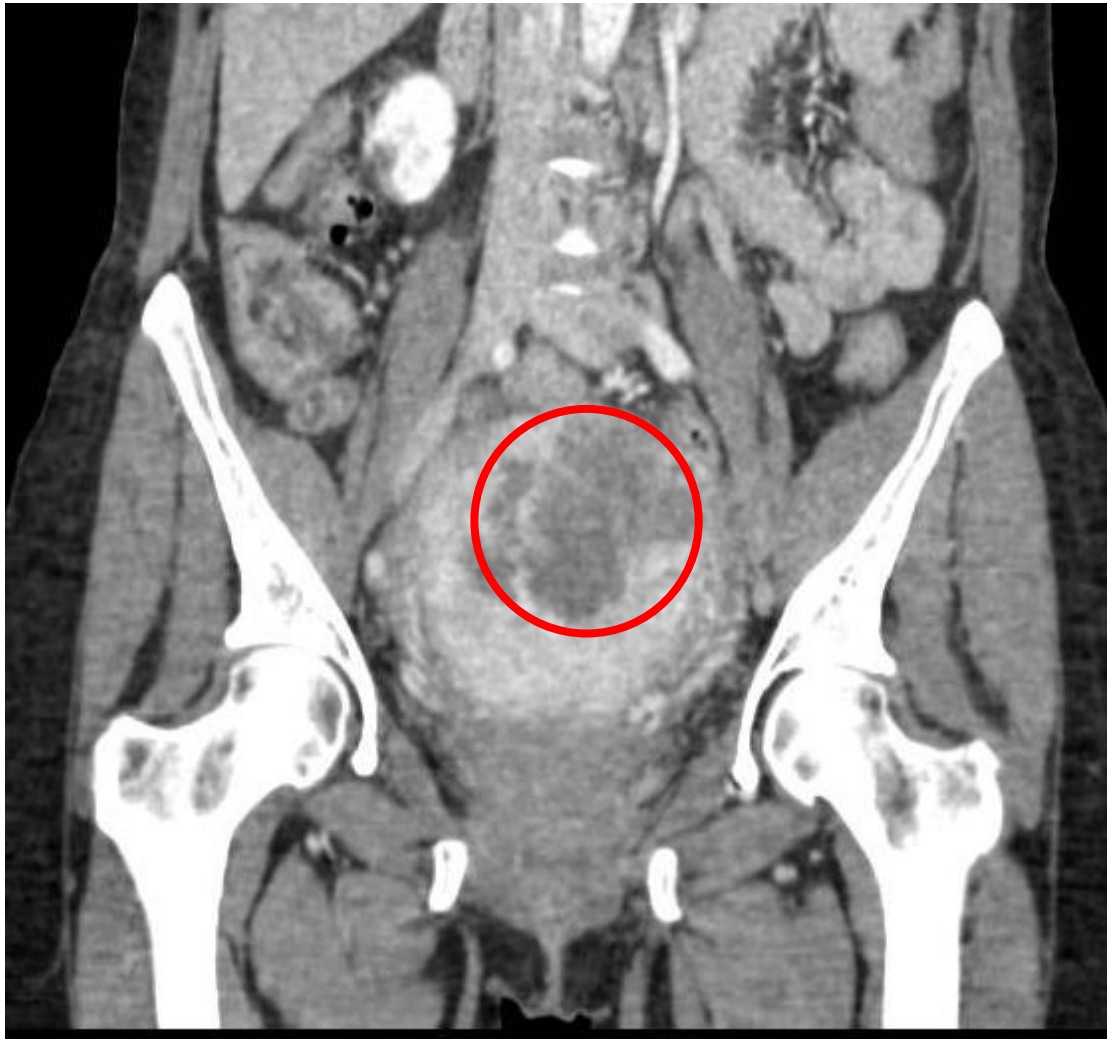
(18/07/2013)

(10/09/2017)

(18/07/2013)

(10/09/2017)

(10/09/2017)



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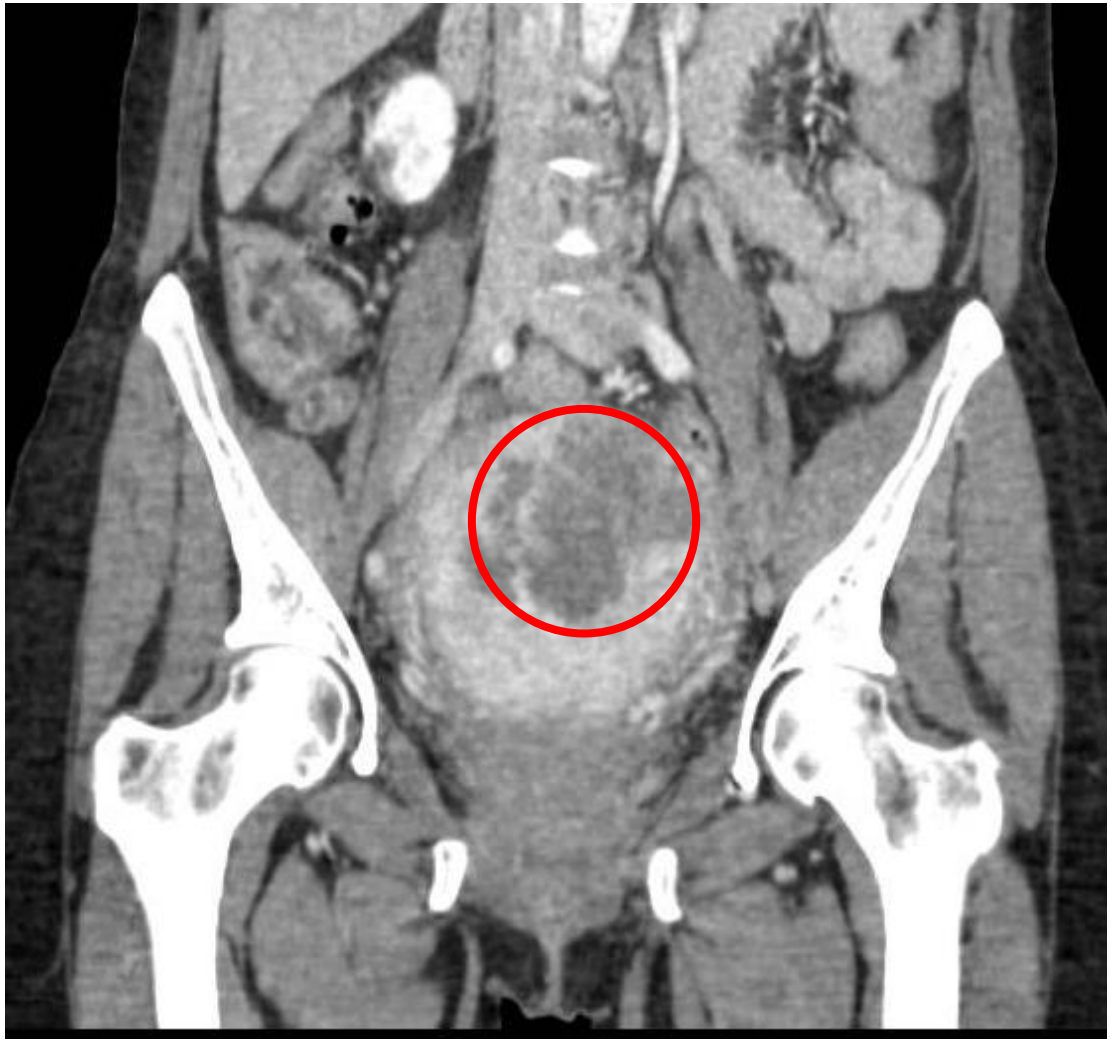
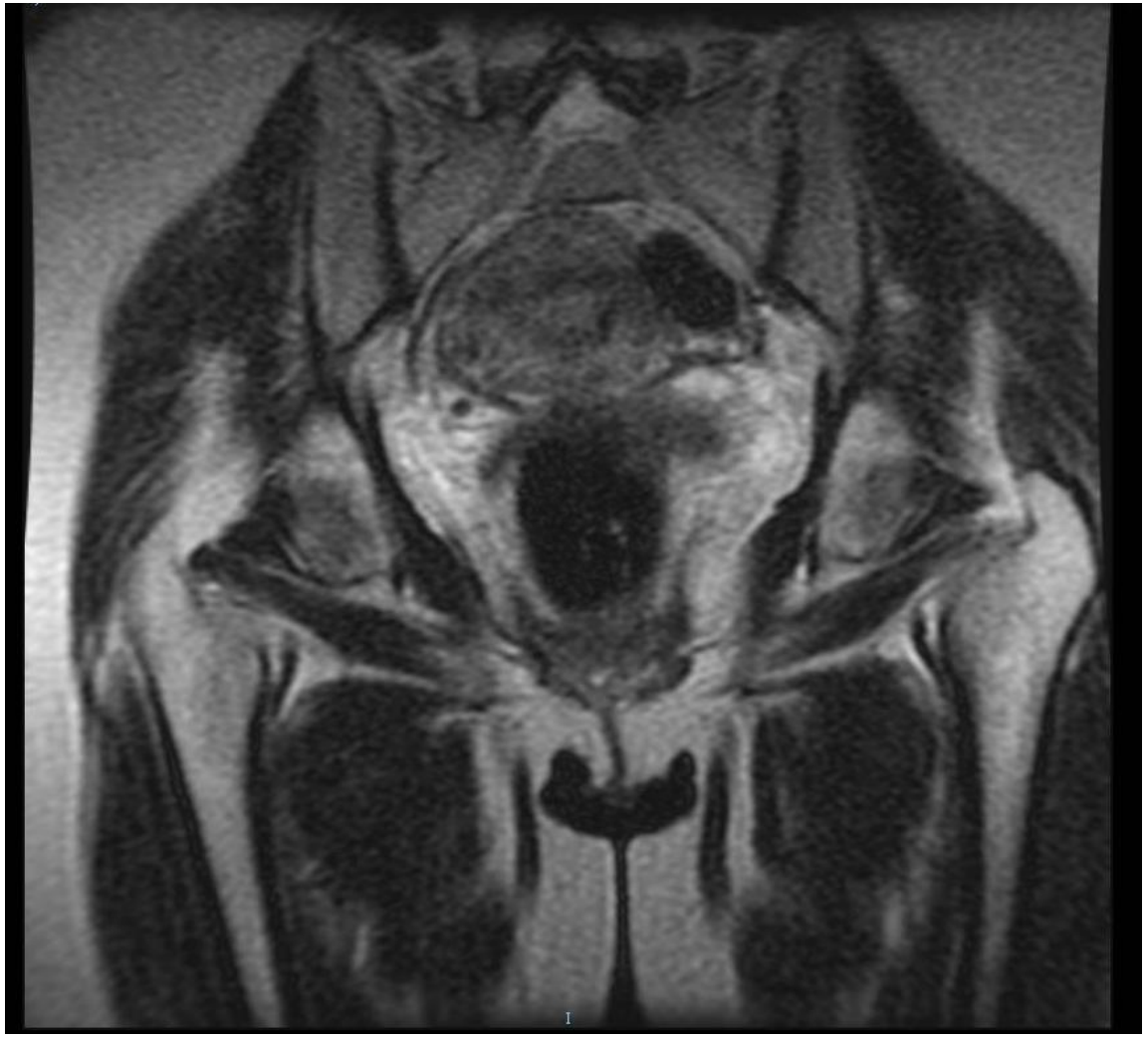


(18/07/2013)



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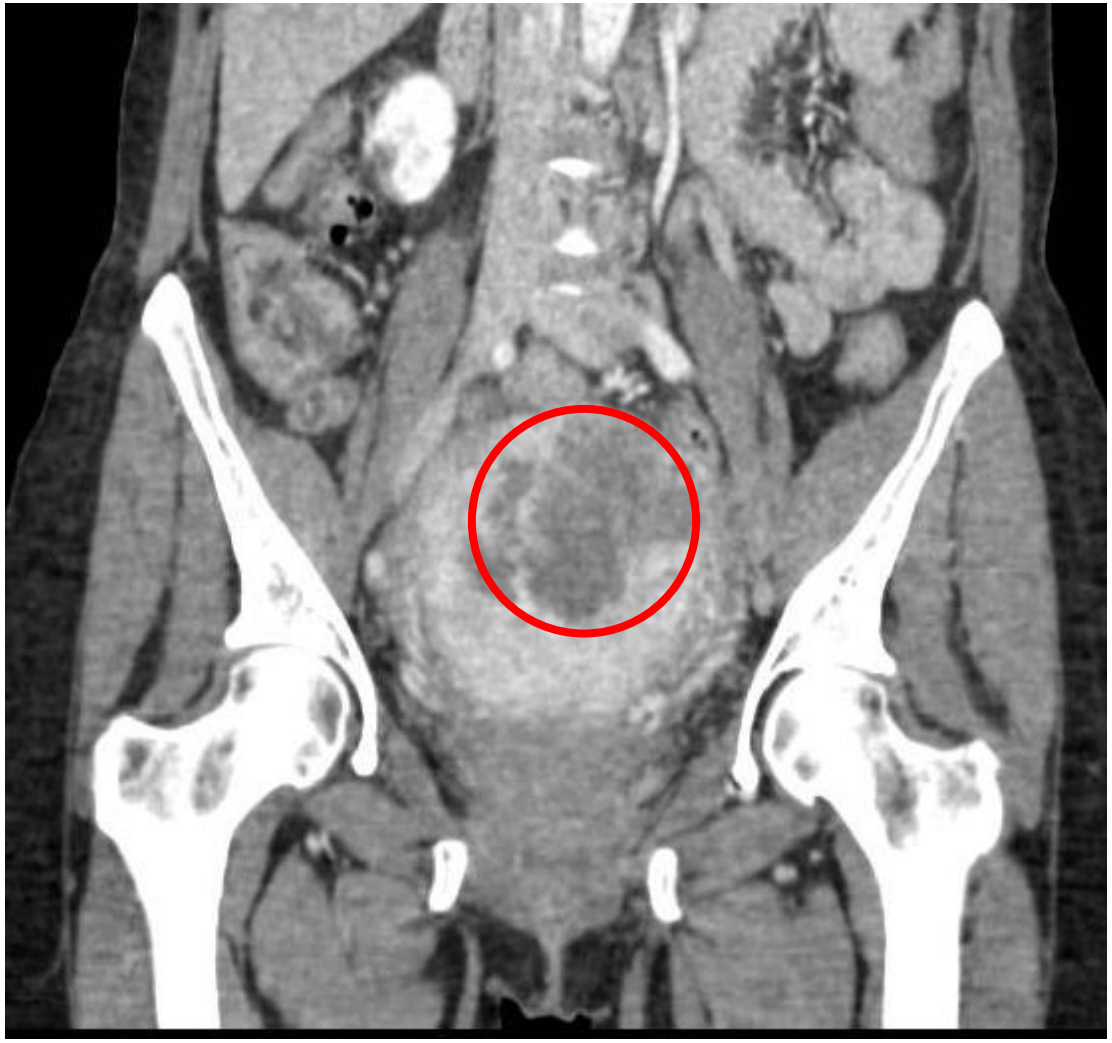

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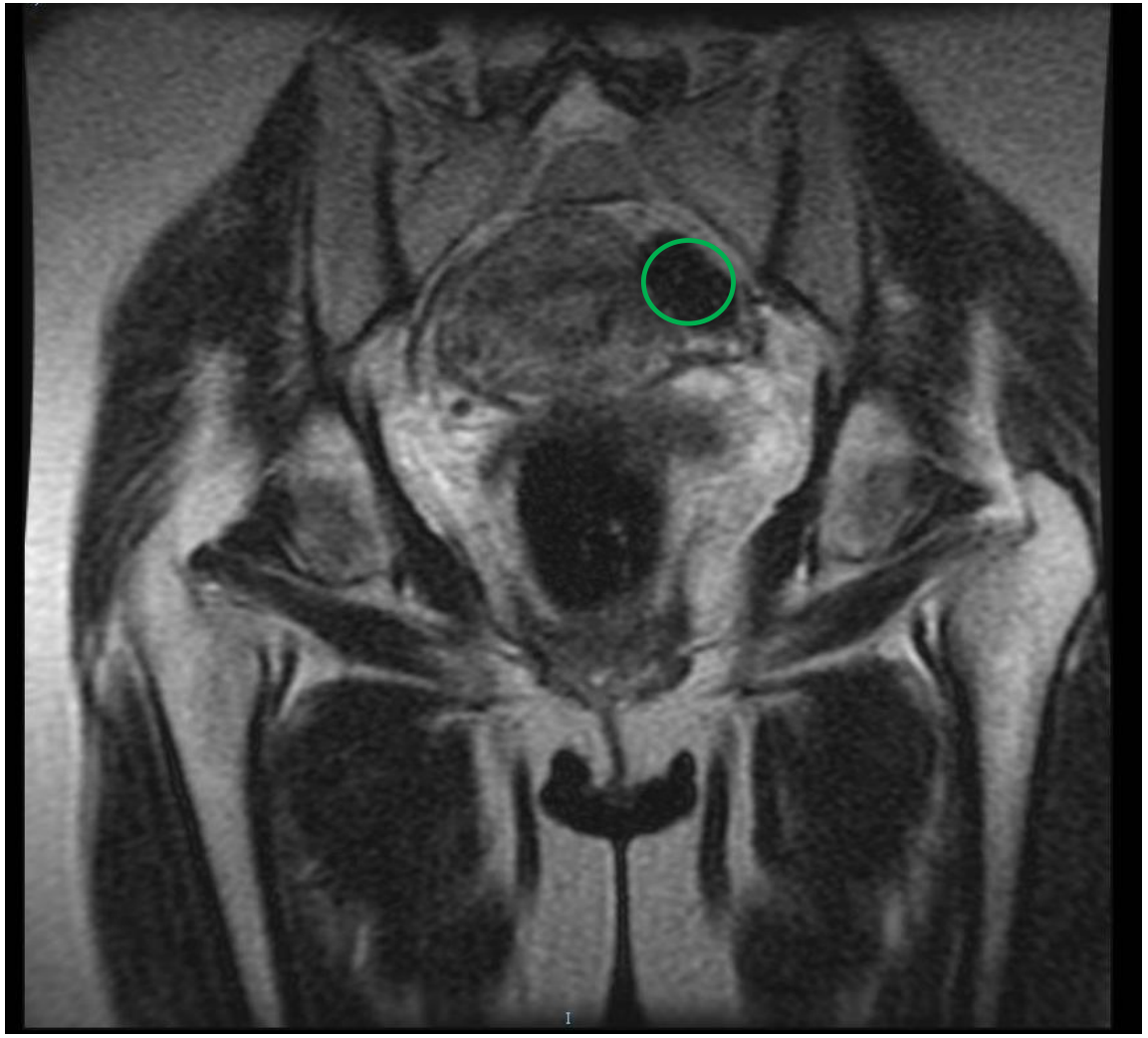

DATOS CLÍNICOS

- 06/09/2017
  - (ECO) Masa uterina compatible con mioma sin descartar lesión atípica

- 10/09/2017
  - Síncope (pérdida de conciencia + relajación de esfínteres)
  - Síndrome febril (38ºC) + dolor abdominal/naúseas/vómitos + dolor centrotorácico irradiado a MSI
  - Reglas abundantes (menstruación hace dos días)
  - (TCc/c)
    - Crecimiento de masa uterina (Mioma uterino vs Lesión atípica)
    - Embolias sistémicas en bazo
  - (ETT) Endocarditis valvular Aórtica

DATOS CLÍNICOS

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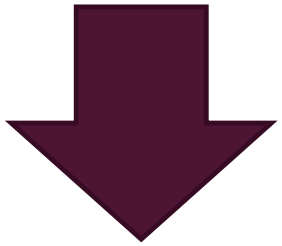

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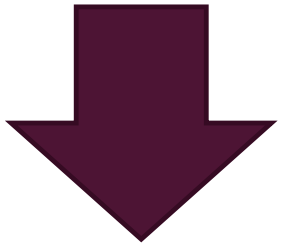


MUJER DE 50 AÑOS CON MASA UTERINA DE AÑOS DE EVOLUCIÓN PENDIENTE DE FILIACIÓN QUE INGRESA POR SHOCK SÉPTICO, CON ENDOCARDITIS AÓRTICA DE ETIOLOGÍA NO ACLARADA: PROBABLE FOCO BACTERIÉMICO INICIAL GINECOLÓGICO (SOSPECHA DE SOBREINFECCIÓN DE MIOMAS UTERINOS/LESIÓN ATÍPICA)

DATOS CLÍNICOS

- 14/09/2017
  - (IQ) Histerectomía total + doble anexectomía

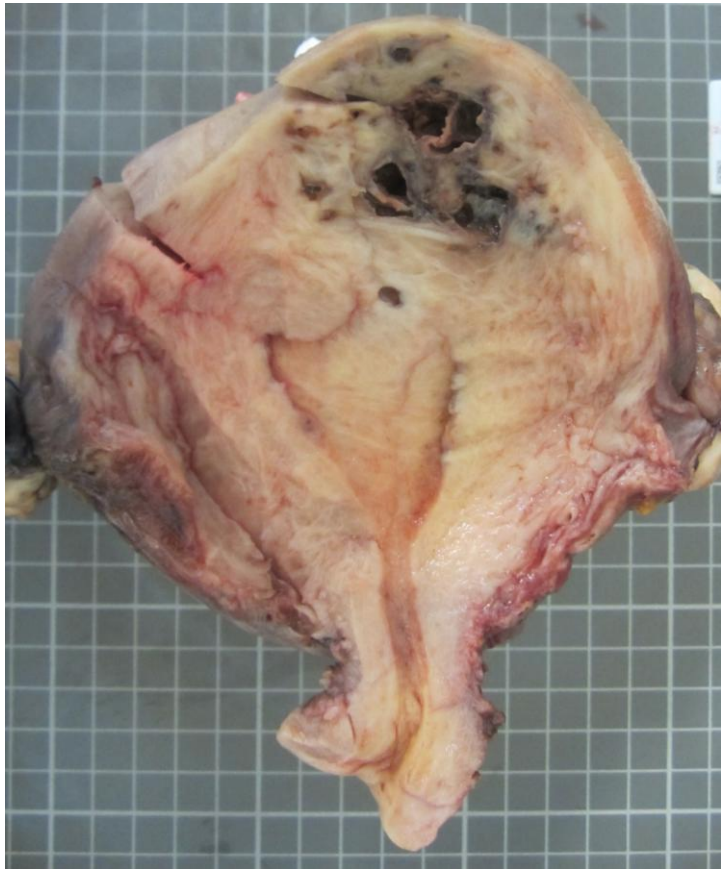
DATOS CLÍNICOS

- 14/09/2017
  - (IQ) Histerectomía total + doble anexectomía

- 16/09/2017
  - (TCc/c) Embolias múltiples SNC

DESCRIPCIÓN MACROSCÓPICA

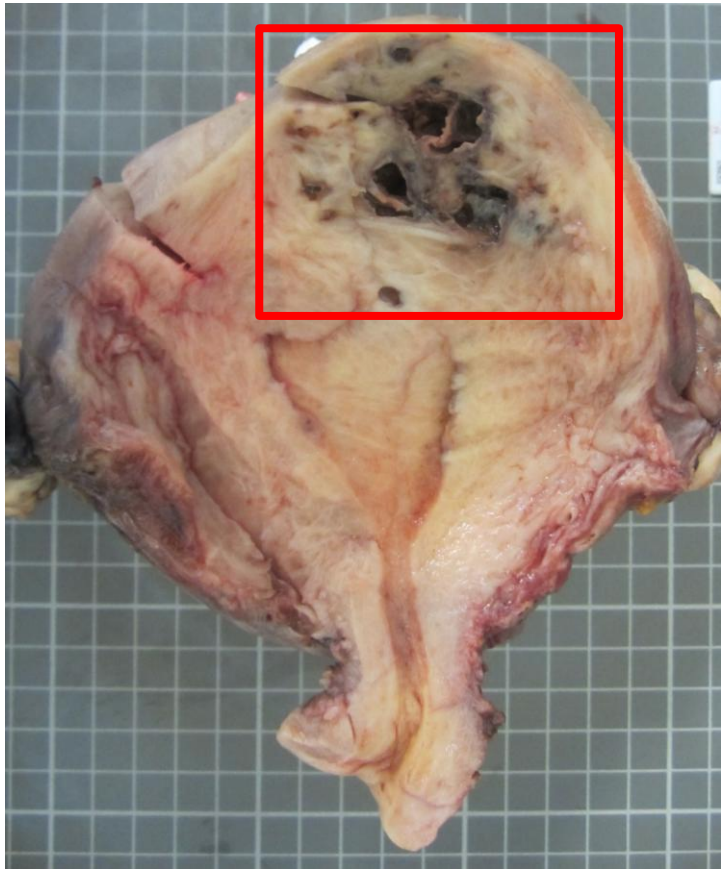
- Útero
  - 775 g
  - 15x12 cm

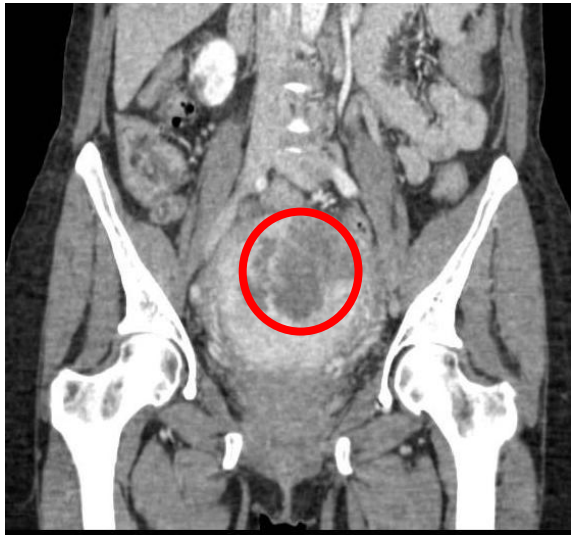


DESCRIPCIÓN MACROSCÓPICA

- Útero
  - 775 g
  - 15x12 cm

- Lesión intramural de 11x10 cm





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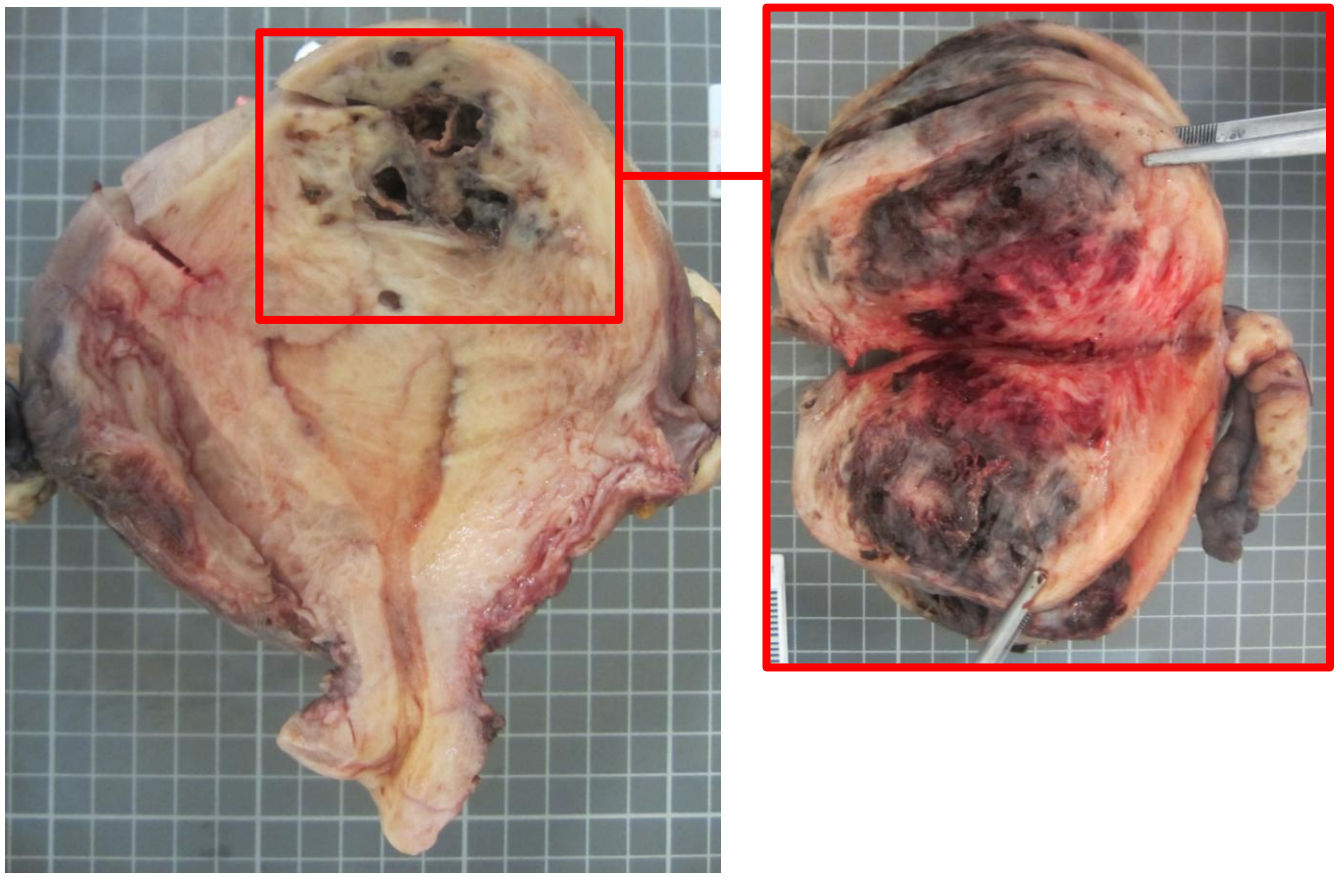
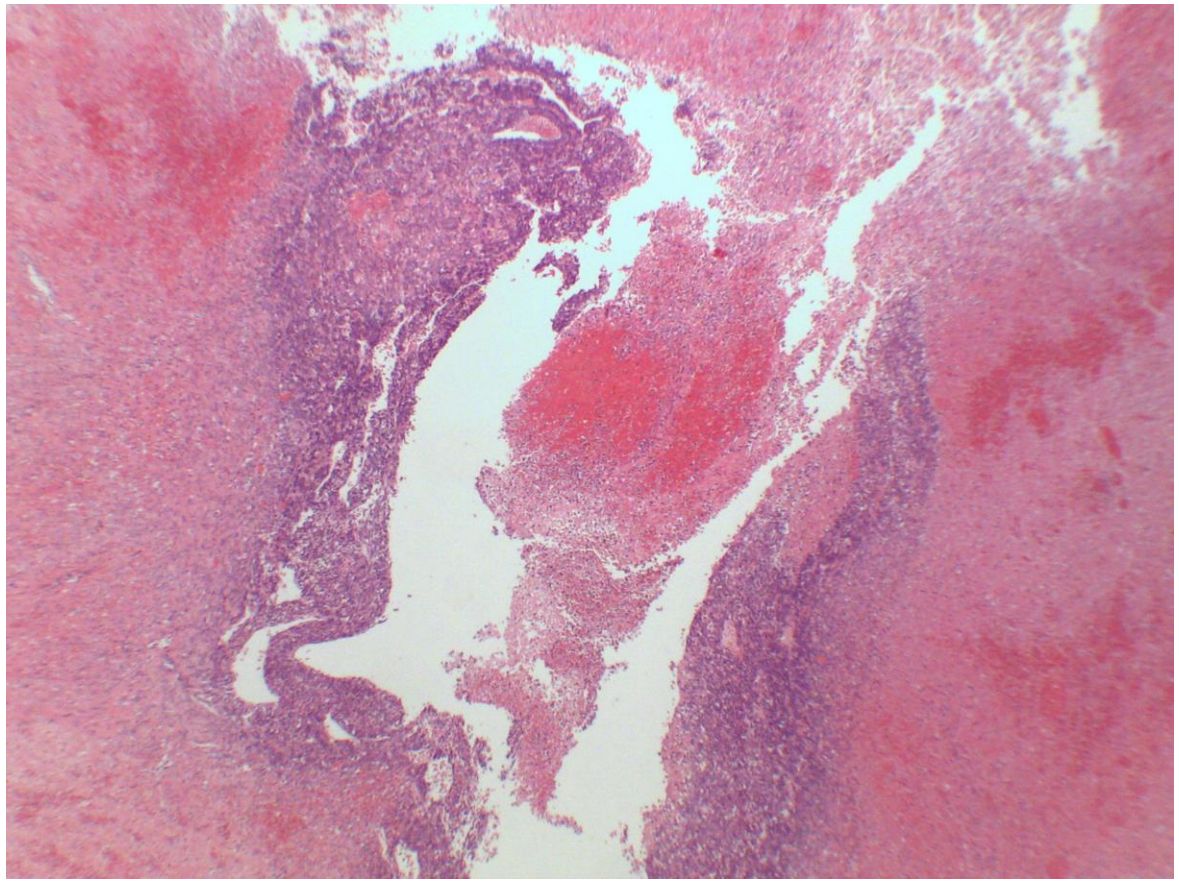


DESCRIPCIÓN MICROSCÓPICA (I)



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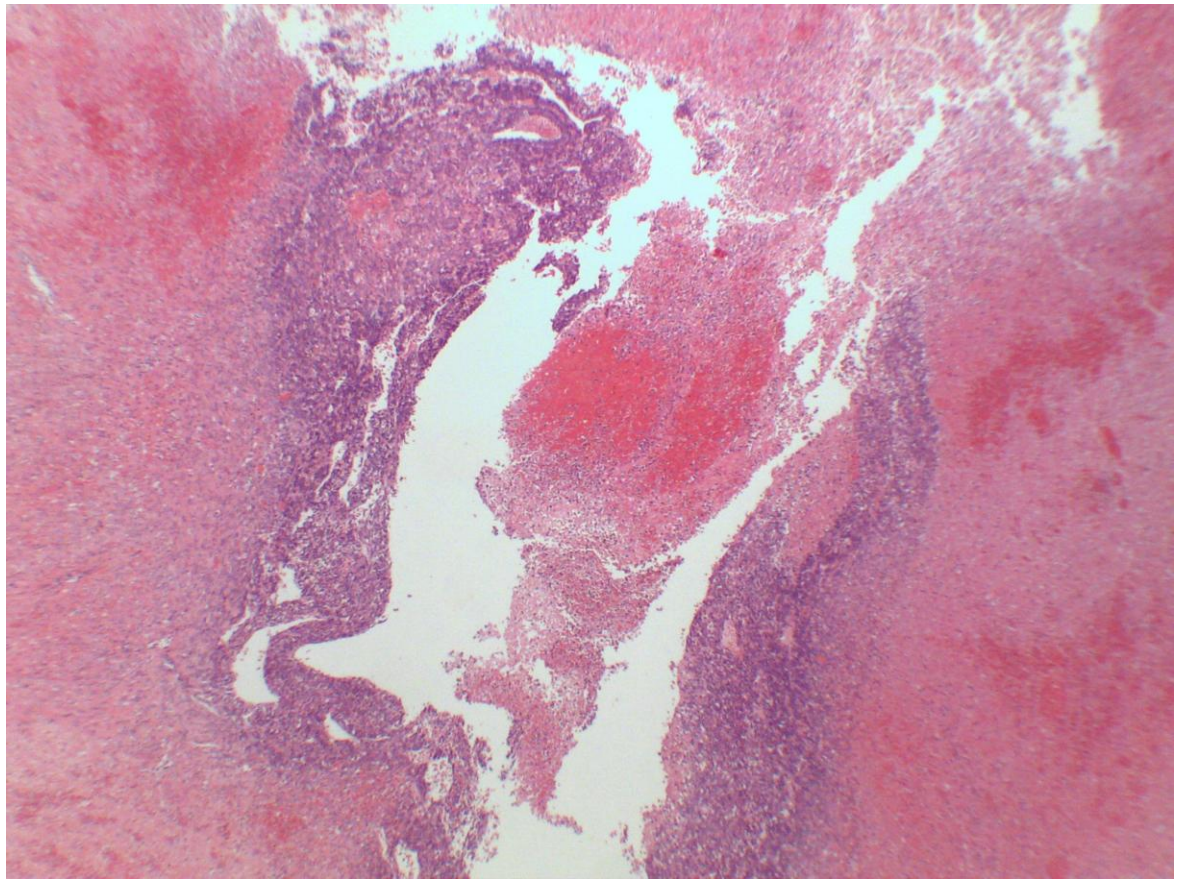

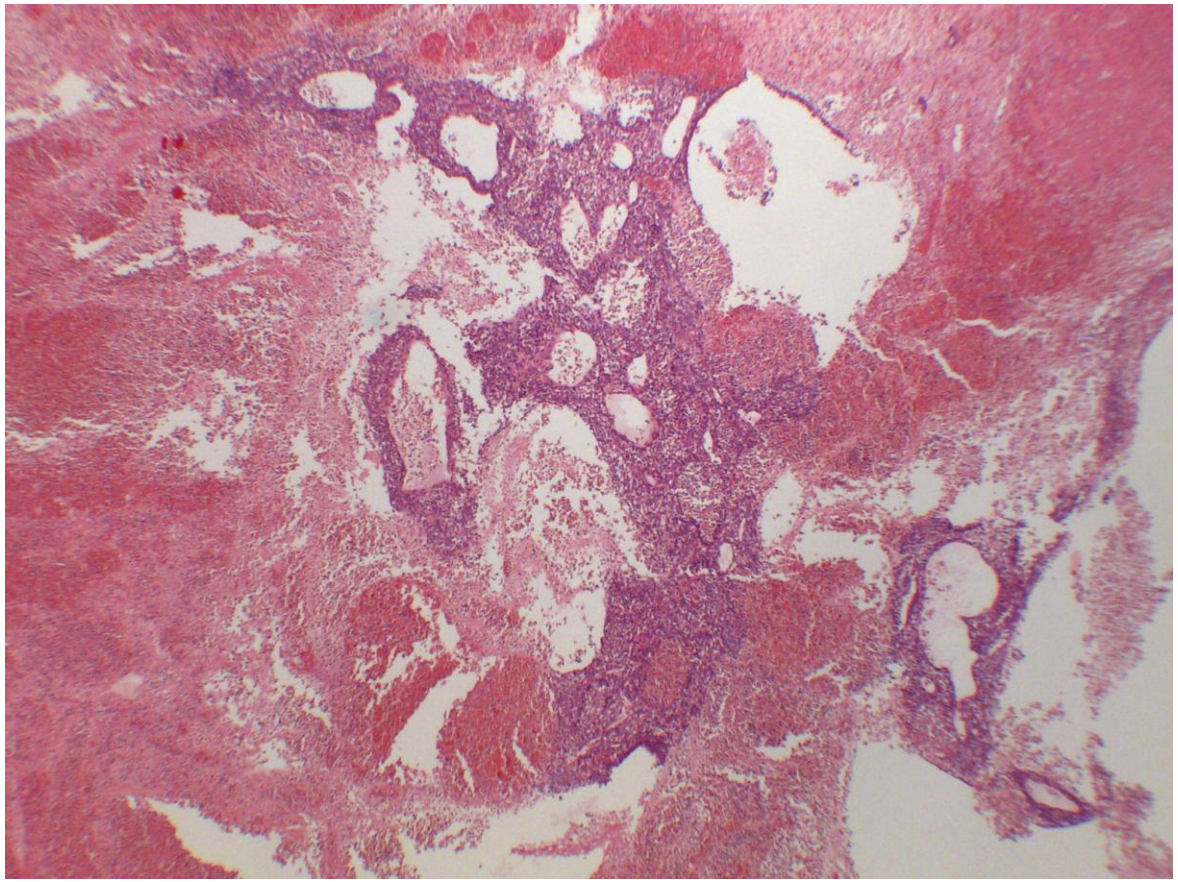

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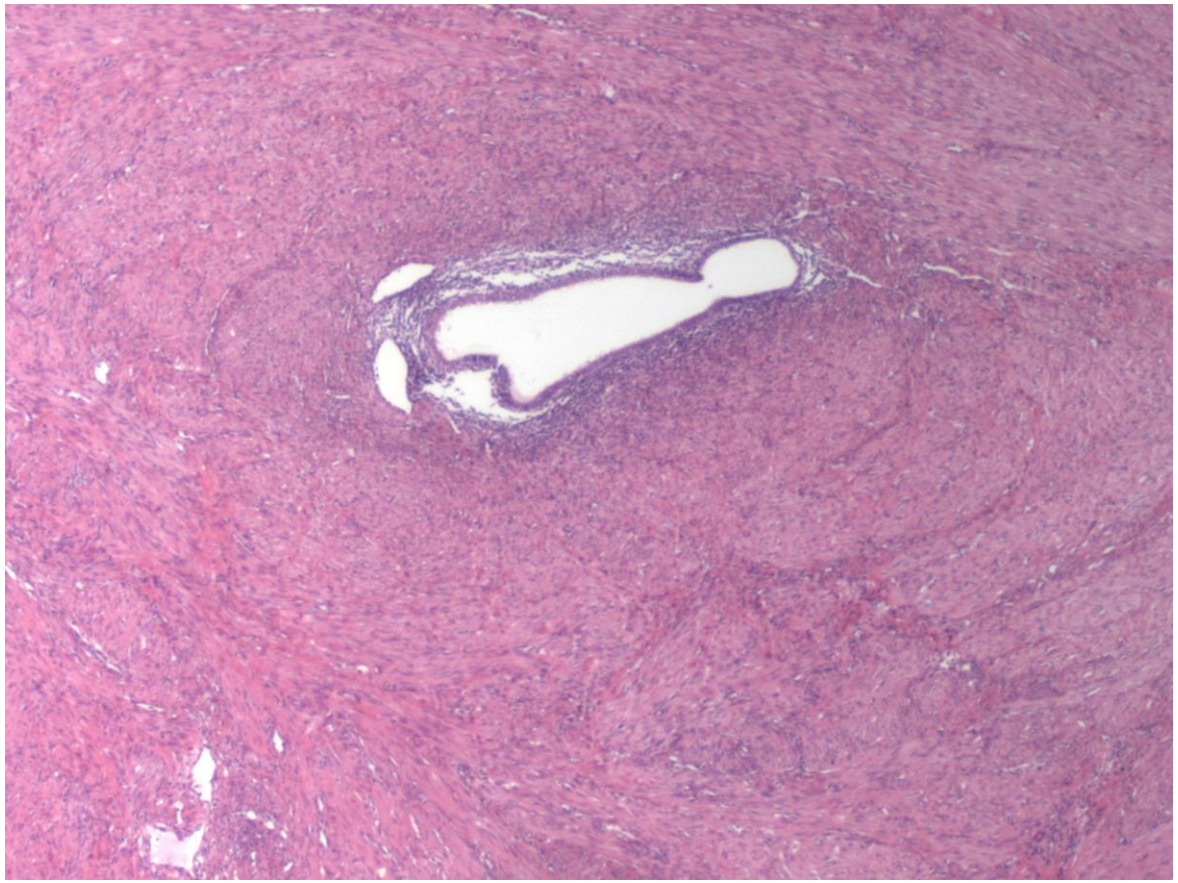

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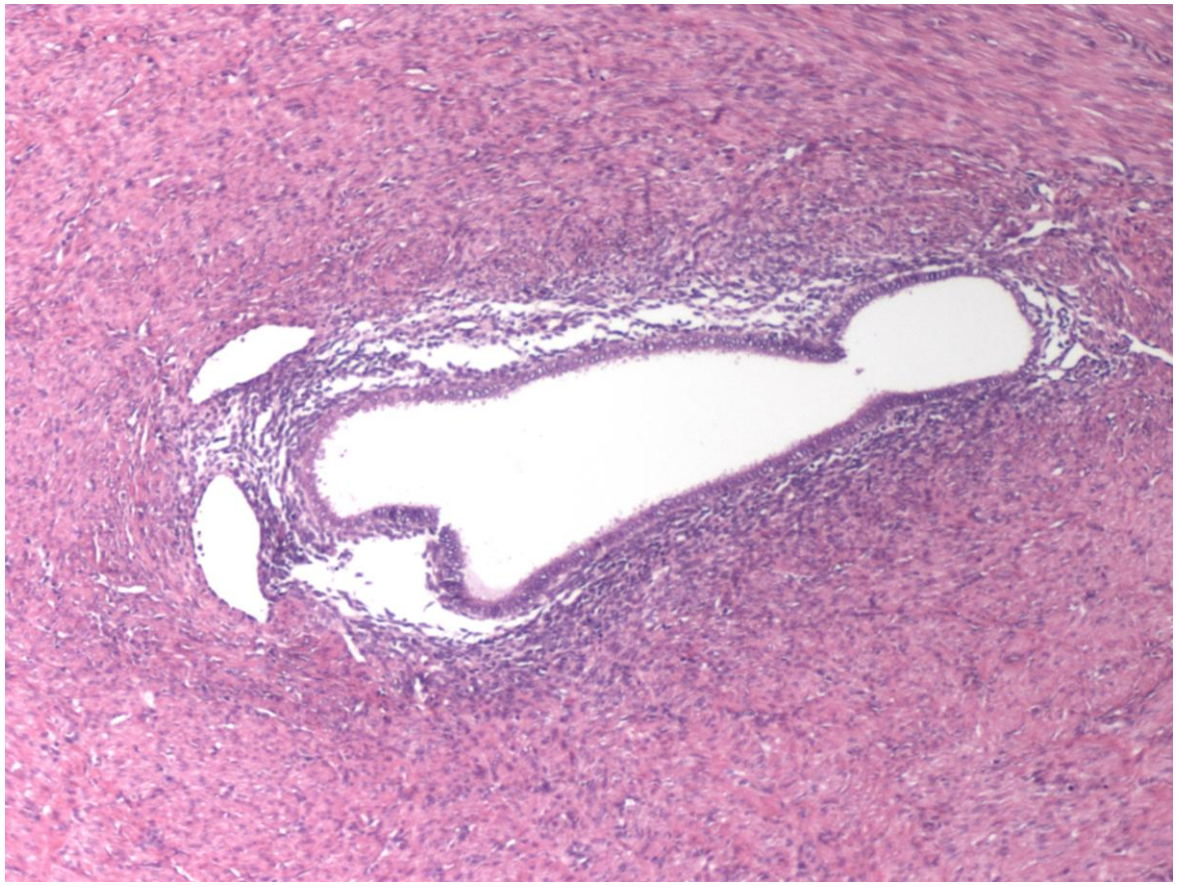

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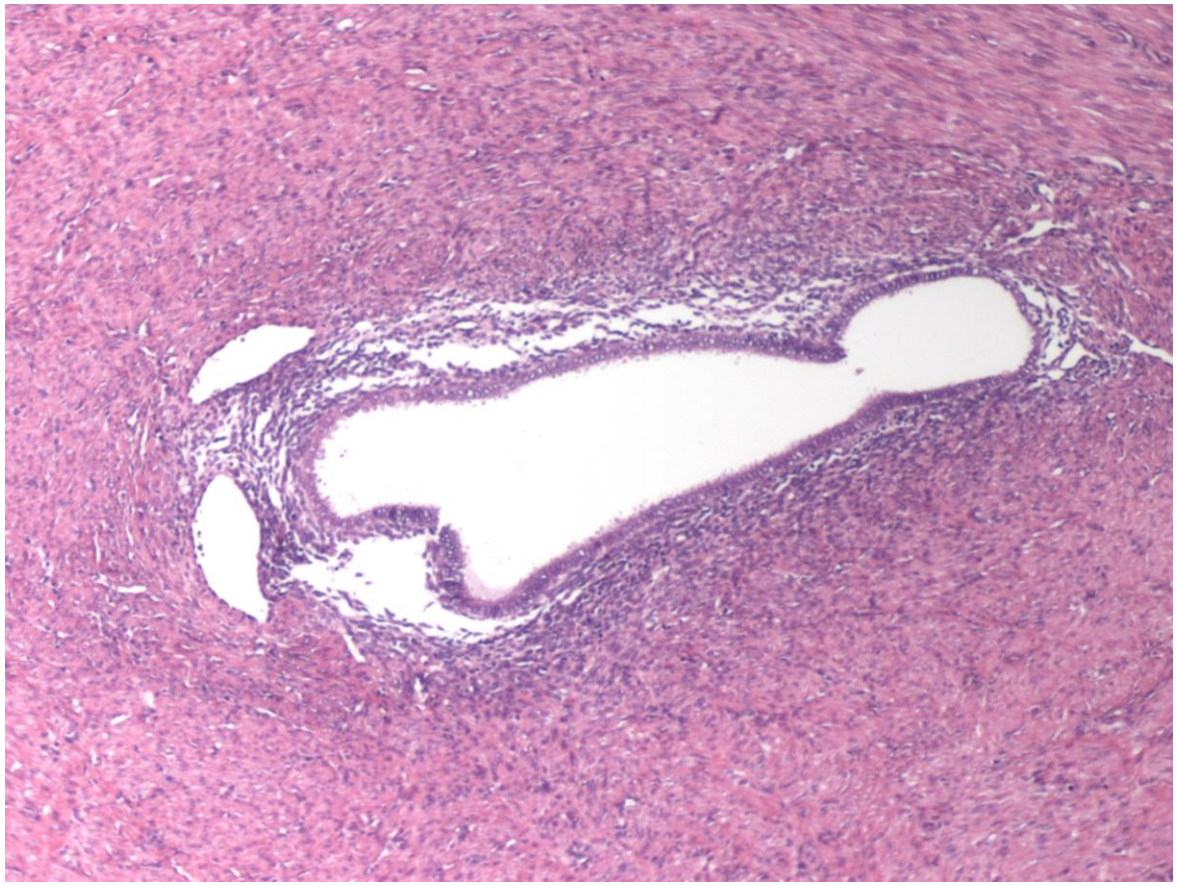

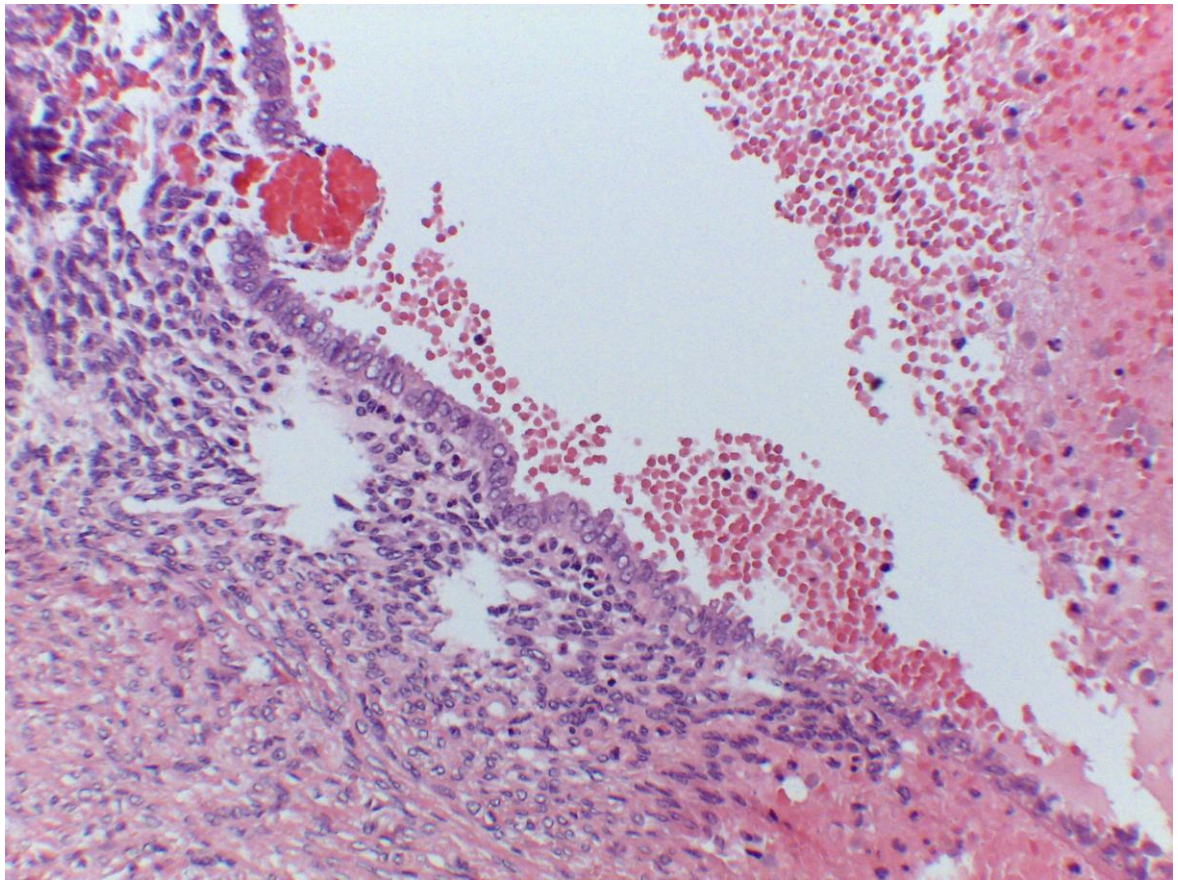

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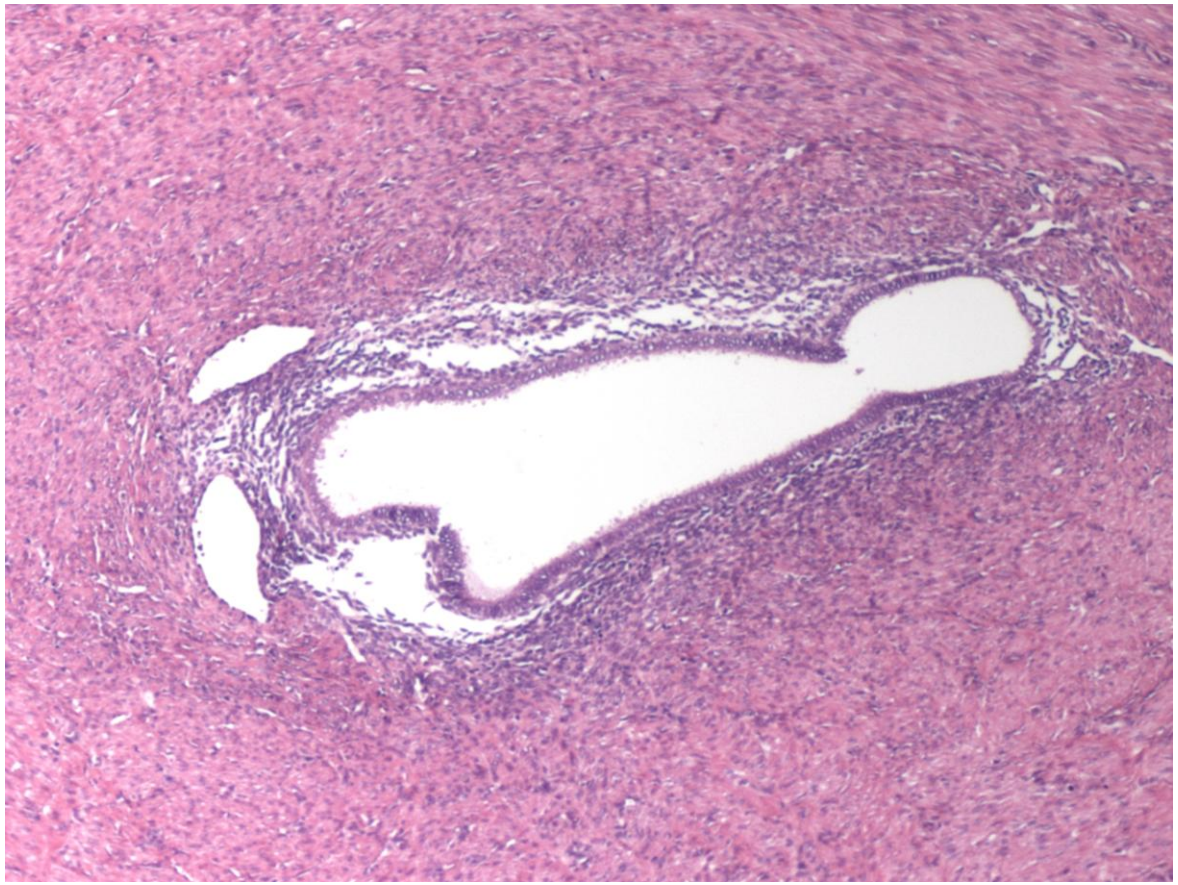

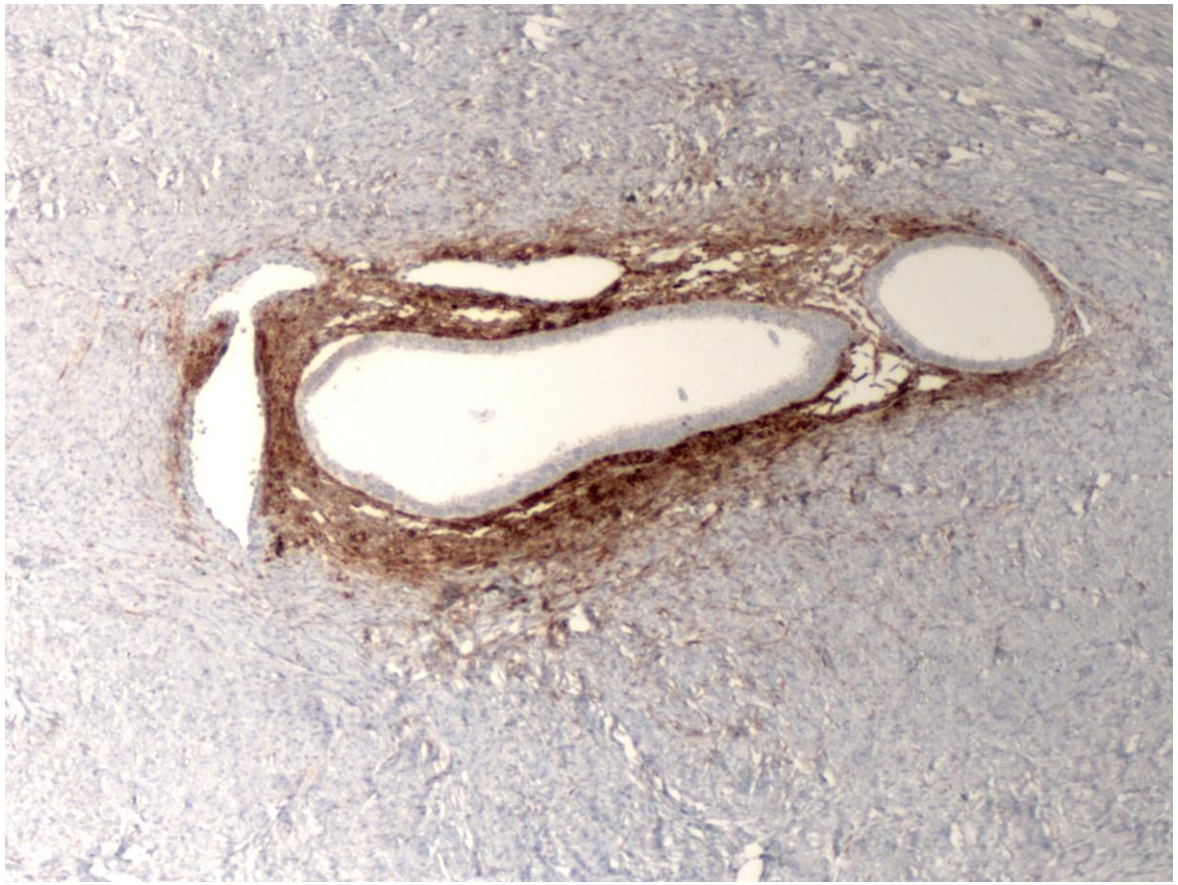

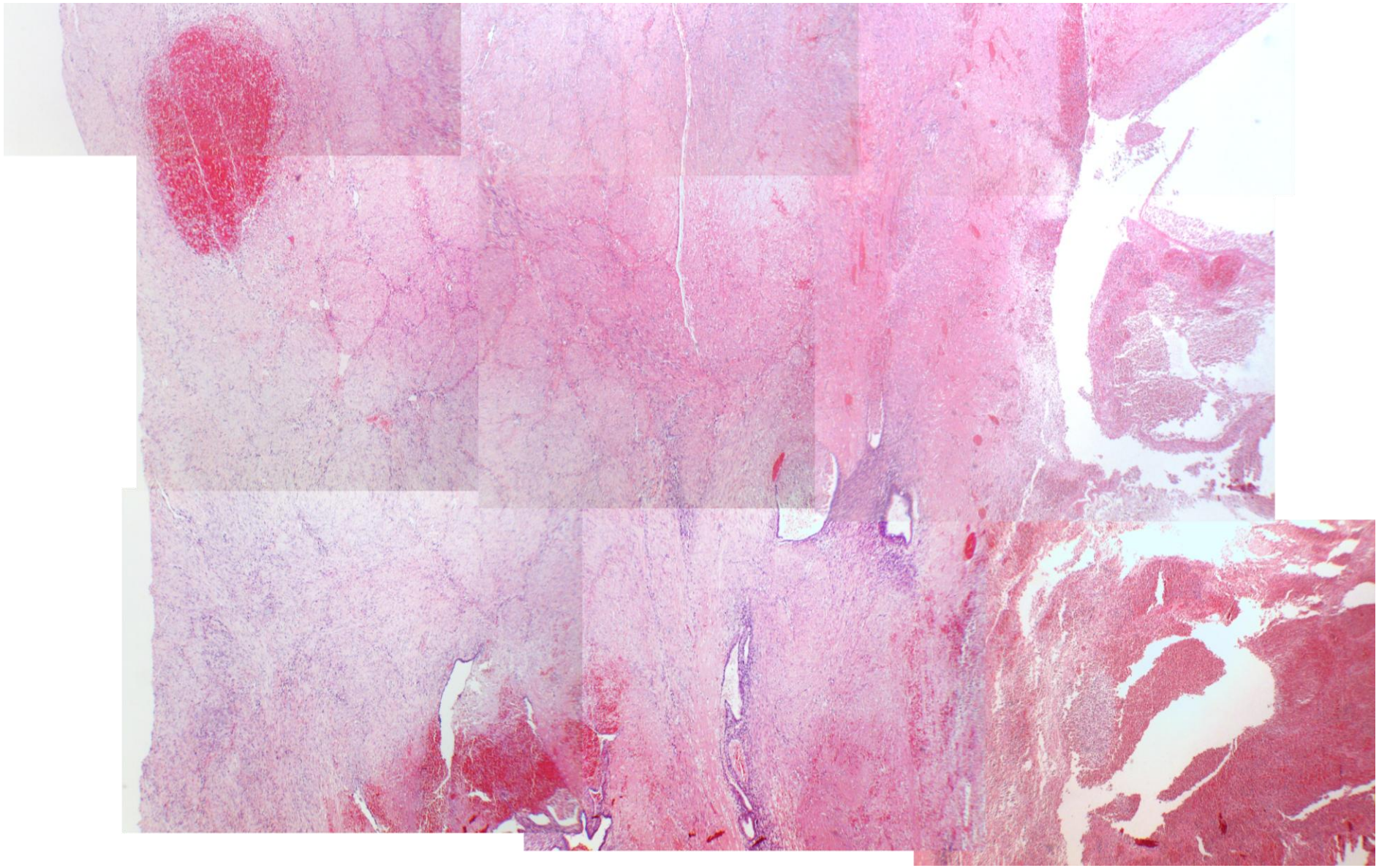

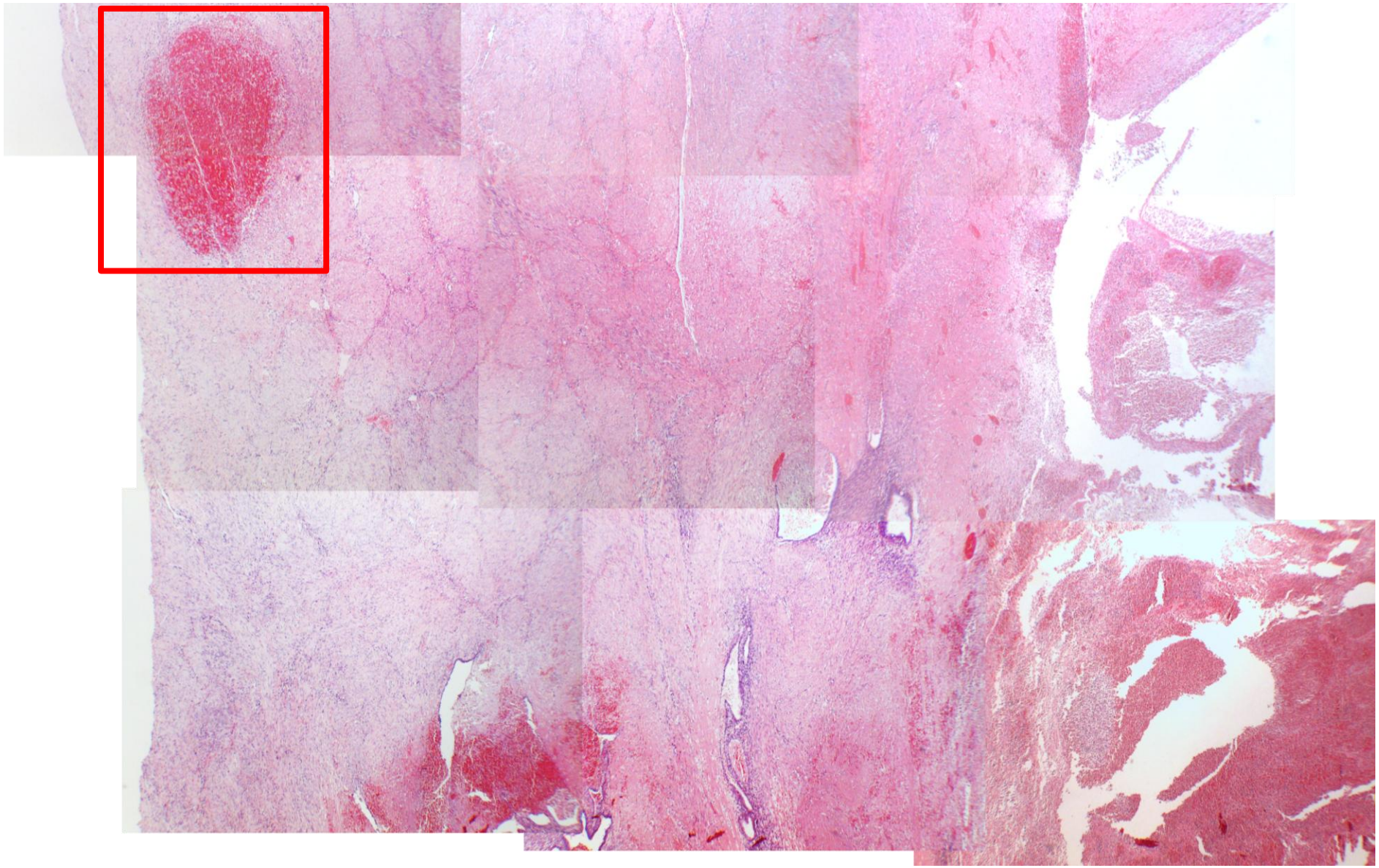

DESCRIPCIÓN MICROSCÓPICA (II)

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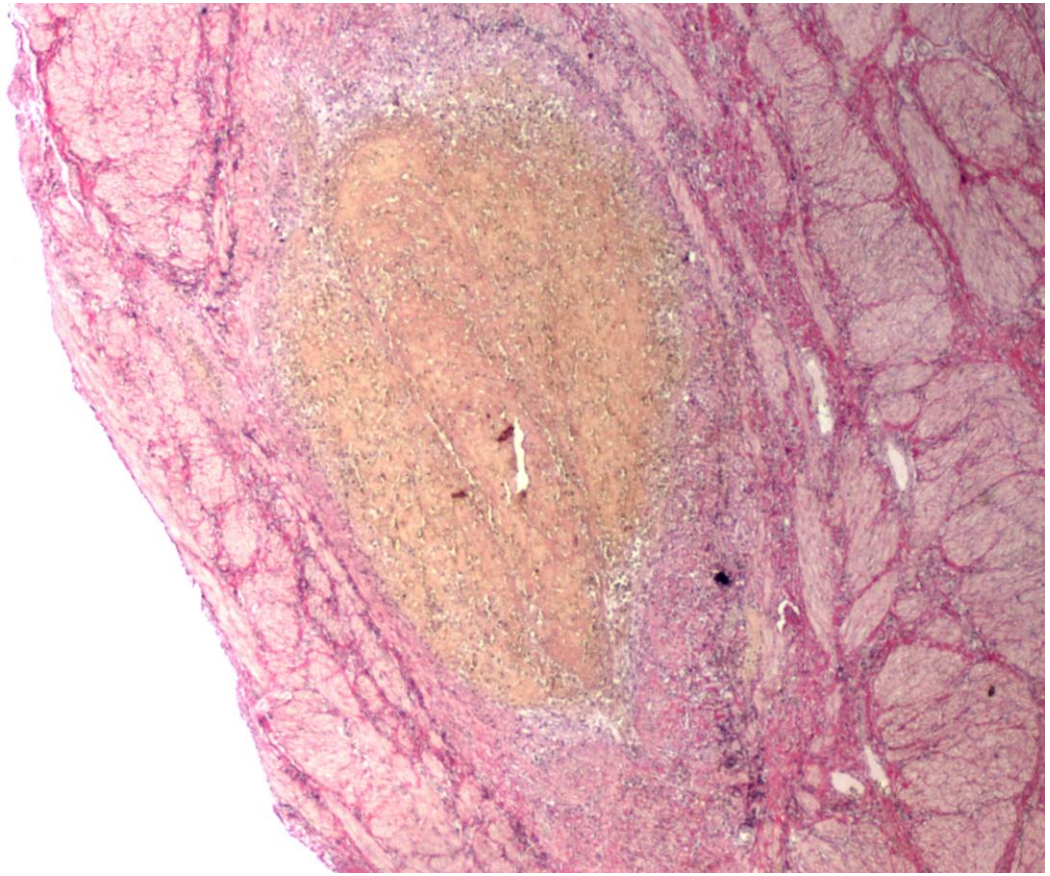
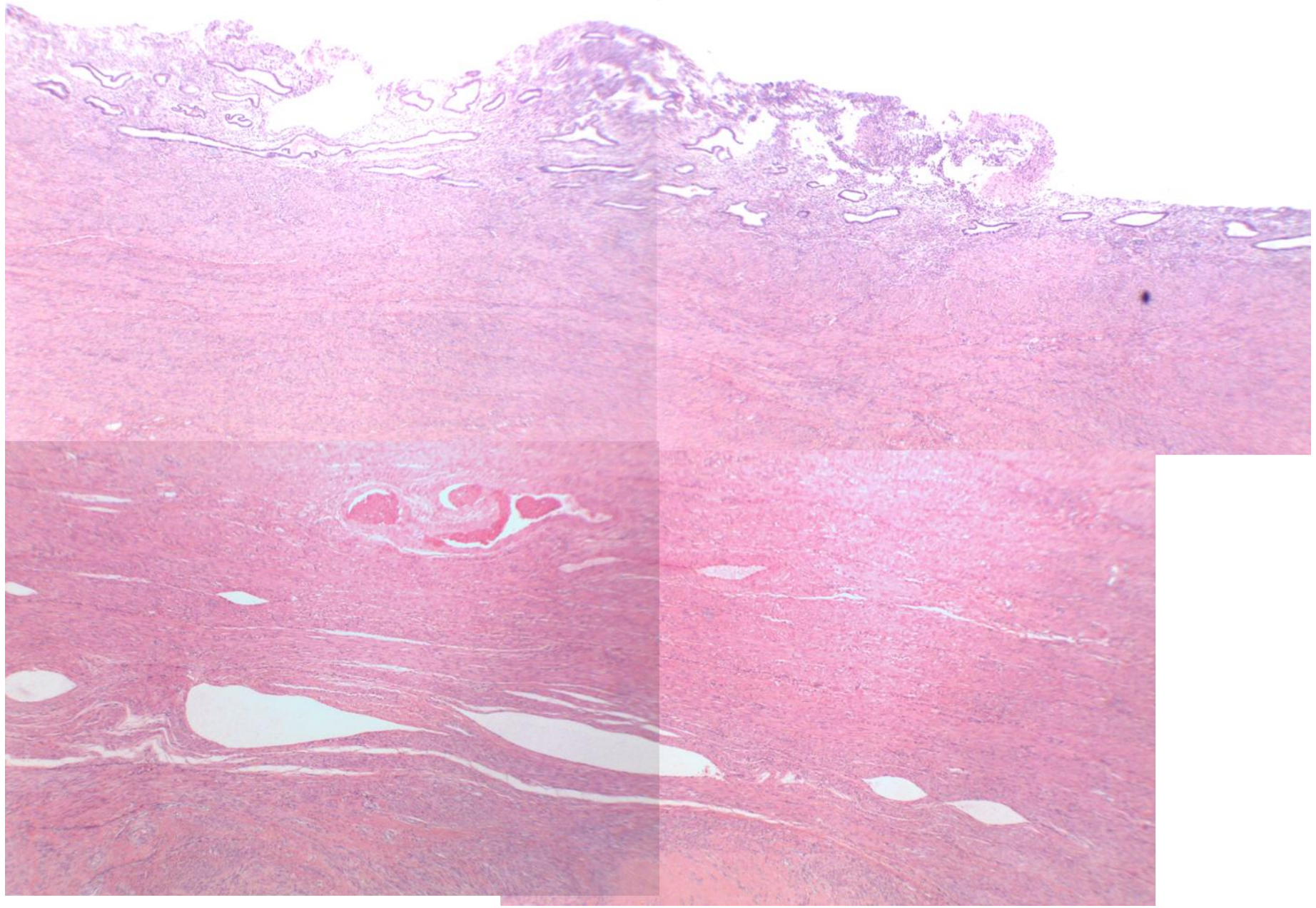
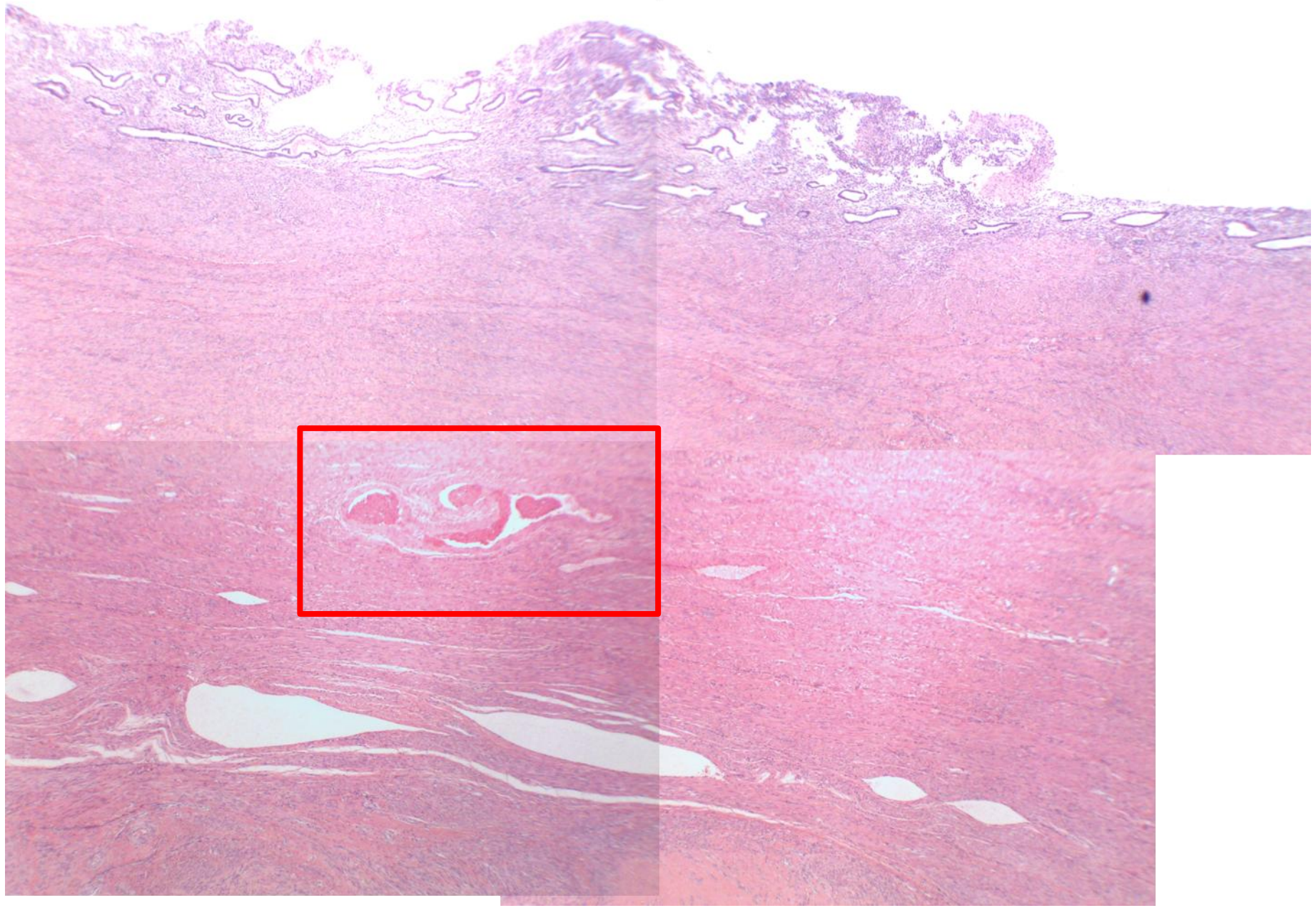






DIAGNÓSTICO

- ADENOMIOSIS UTERINA, CON EXTENSO SANGRADO ENDOMETRIAL Y SIGNOS DE NECROSIS HEMORRÁGICA DE PARED UTERINA.

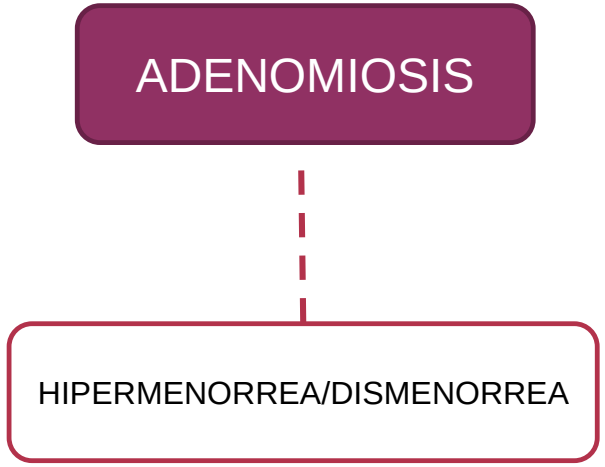
- TROMBOSIS DE VASOS UTERINOS DISEMINADA, CON AFECTACIÓN DE ÁREAS DE ADENOMIOSIS Y ÁREAS SIN LESIÓN ASOCIADA.

- QUISTE HEMORRÁGICO DE OVÁRIO DERECHO, PROBABLE QUISTE FOLICULAR.
- CÉRVIX CON METAPLASIA ESCAMOSA ENDOCERVICAL.
- ANEJO IZQUIERDO Y TROMPA DE FALOPIO DERECHA SIN ALTERACIONES HISTOPATOLÓGICAS DESTACABLES.

ADENOMIOSIS UTERINA E HIPERCOAGULABILIDAD

ADENOMIOSIS

ADENOMIOSIS UTERINA E HIPERCOAGULABILIDAD



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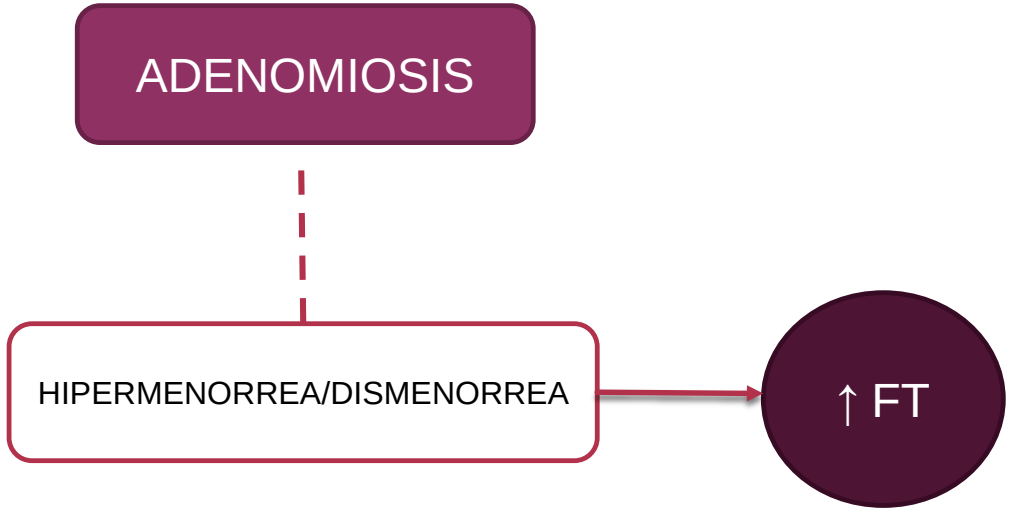

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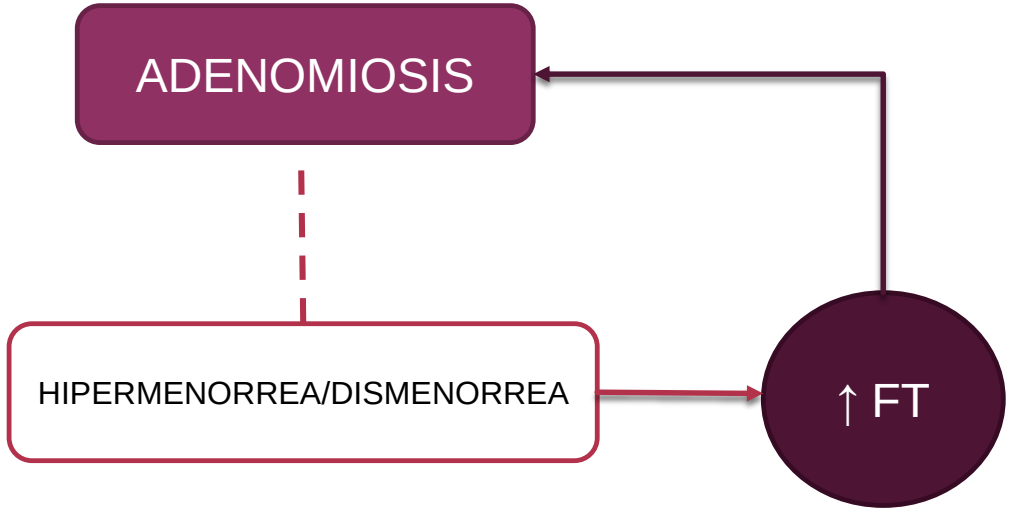

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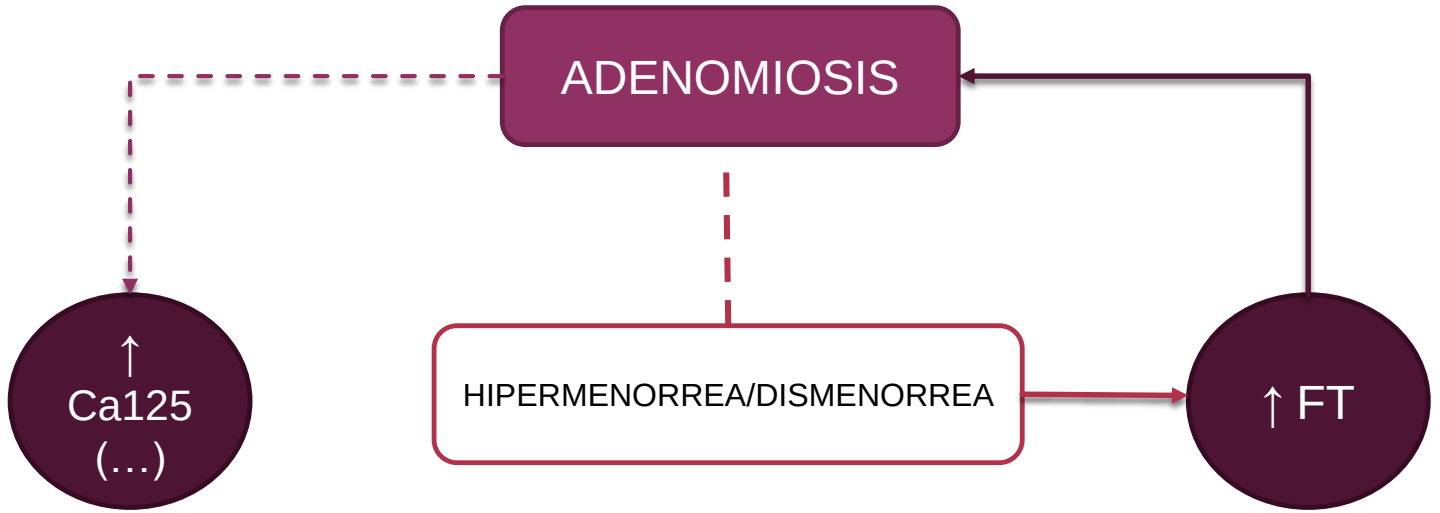

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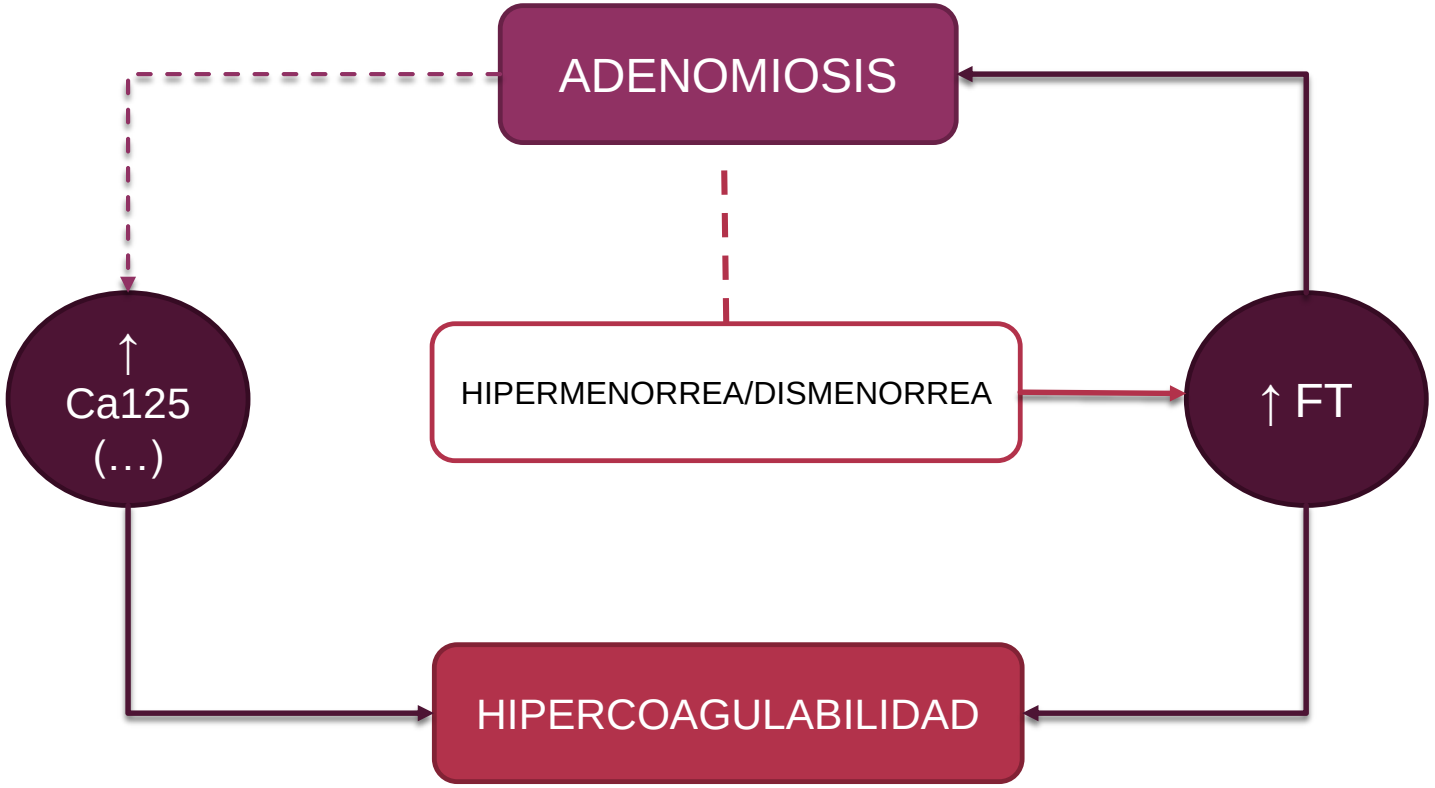
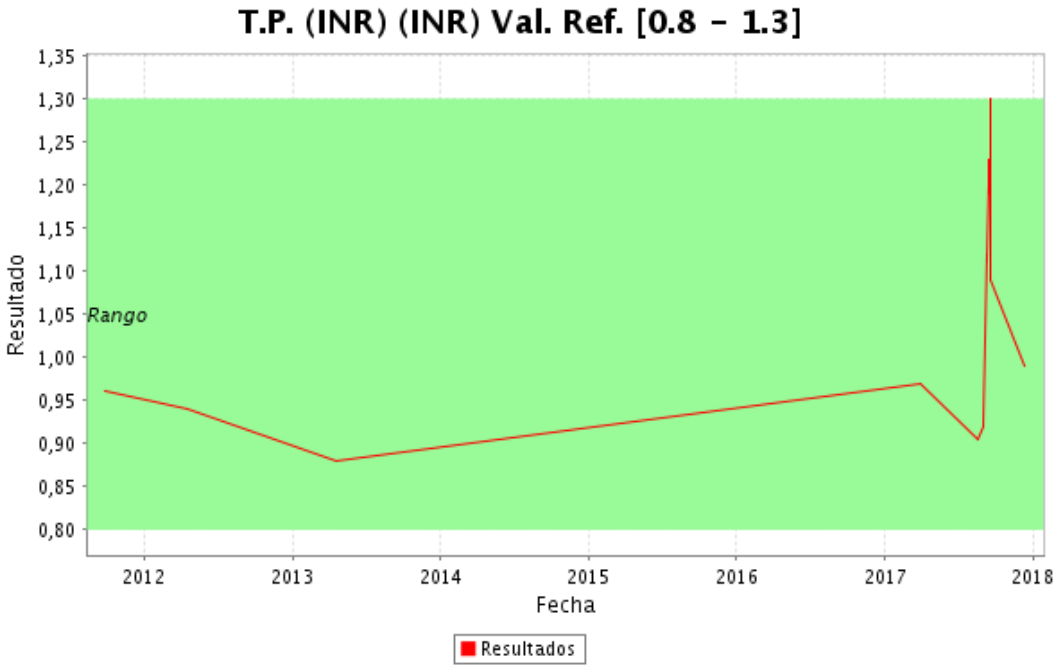


EVOLUCIÓN CLÍNICA



Fecha Prueba	Código Prueba	Resultado	Comentario
12/12/2017	3053	0.99	-
20/09/2017	9253	1.09	-
19/09/2017	9253	1.17	-
18/09/2017	9253	*1.30	-
17/09/2017	9253	1.11	-
16/09/2017	9253	1.19	-
15/09/2017	9253	*1.23	-
14/09/2017	9253	1.19	-
13/09/2017	9253	1.20	-
12/09/2017	9253	1.20	-
11/09/2017	9253	1.11	-
10/09/2017	9253	*1.22	-
10/09/2017	9253	1.02	-
30/08/2017	9253	0.92	-
18/08/2017	9253	0.91	-
18/08/2017	9253	0.90	-
31/03/2017	9253	0.97	-
18/04/2013	9253	0.88	-
19/04/2012	3053	0.94	-
26/09/2011	9253	0.96	-

Non-bacterial thrombotic endocarditis with systemic embolic events caused by adenomyosis

Shu Soeda[1], Nozomi Mathuda[2], Yuko Hashimoto[3], Hidekazu Yamada[1] and Keiya Fujimori[1]

Departments of [1]Obstetrics and Gynecology and [2]Neurology, and [3]First Department of Pathology, Fukushima Medical University School of Medicine, Fukushima, Japan

Abstract

Non-bacterial thrombotic endocarditis is caused by a hypercoagulable state that is sometimes related to malignancy and this type of endocarditis associated with benign tumors has not yet been reported. In this study we report the first case of non-bacterial thrombotic endocarditis caused by adenomyosis, which is a benign gynecological condition.

Key words: adenomyosis, disseminated intravascular coagulation, hysterectomy, neurological deficits, non-bacterial thrombotic endocarditis.

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Case Report

Cerebral Infarcts Associated with Adenomyosis Among Middle-aged Women

Kazuo Yamashiro, MD,* Ryota Tanaka, MD,† Kenya Nishioka, MD,‡ Yuji Ueno, MD,‡ Hideki Shimura, MD,‡ Yasuyuki Okuma, MD,* Nobutaka Hattori, MD,† and Takao Urabe, MD‡

Cerebral infarcts associated with hypercoagulability in malignant tumors have been well recognized. However, reports on cerebral infarcts in patients with a benign gynecologic tumor, such as adenomyosis, are extremely limited. We report the cases of 4 patients with adenomyosis and cerebral infarcts, all without obvious evidence of conventional causes of cerebral infarcts. Brain magnetic resonance imaging revealed multiple cerebral infarcts in both cortical and subcortical areas in all the patients and in different arterial territories in 3 patients. Two patients also had systemic embolism in the fingers or kidneys. One patient had thrombi in the brachiocephalic trunk and left subclavian artery. The levels of coagulation markers were elevated in the acute phase of cerebral infarcts. Although cerebral infarcts might be uncommon in adenomyosis patients, these patients might be potentially at risk of developing cerebral infarcts associated with hypercoagulability related to increased mucinous tumor marker levels, menstruation-related coagulopathy, or increased tissue factor expression levels. Additional study is required to determine the mechanism underlying the development of cerebral infarcts in adenomyosis; however, physicians need to pay particular attention to those who have hypercoagulability with adenomyosis among middle-aged women. **Key Words:** Adenomyosis—hypercoagulability—multiple cerebral infarcts.

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Dysfunctional coagulation and fibrinolysis systems due to adenomyosis is a possible cause of thrombosis and menorrhagia

Akiyoshi Yamanaka[a,*], Fuminori Kimura[a], Takashi Yoshida[c], Nobuyuki Kita[a], Kentaro Takahashi[b], Ryoji Kushima[c], Takashi Murakmai[a]

[a] Department of Obstetrics and Gynecology, Shiga University of Medical Science, Seta-Tsukinowa-cho, Otsu, Shiga 520-2192, Japan
[b] Department of Community Perinatal Medicine, Shiga University of Medical Science, Seta-Tsukinowa-cho, Otsu, Shiga 520-2192, Japan
[c] Department of Clinical Laboratory Medicine, Shiga University of Medical Science, Seta-Tsukinowa-cho, Otsu, Shiga 520-2192, Japan

ARTICLE INFO

Article history:
Received 12 April 2016
Received in revised form 12 July 2016
Accepted 26 July 2016

Keywords:
Adenomyosis
Coagulation
Fibrinolysis
Menstruation
Menorrhagia

ABSTRACT

Objective: To study the effects of adenomyosis on the coagulation and fibrinolysis system during menstruation and the relationship between dysfunction of the coagulation and fibrinolysis system and the symptoms and complications of adenomyosis.
Study design: Concentrations of thrombin–antithrombin complex (TAT) and soluble fibrin (SF) as markers of coagulation, D-dimer (DD) as a marker of both coagulation and fibrinolysis, and plasmin-alpha 2-plasmin inhibitor complex (PIC) as a marker of fibrinolysis in the peripheral blood of eight patients with adenomyosis were measured daily from the first to fifth day of menstruation. Associations between levels of these markers during menstruation and patient characteristics, history of thrombotic disorder, and hemoglobin loss during menstruation were investigated.
Results: TAT, SF, DD and PIC increased in 5, 2, 3 and 1 of the 8 patients, respectively. TAT increased in 5 of the 6 patients with an adenomyotic uterus ≥100 cubic centimeters. Patients with elevated DD, SF and/or PIC were among patients with elevated TAT. DD was only increased in 3 patients with a past history of small cerebral infarction or pulmonary thromboembolism and/or hemoglobin loss >2.0 g/dl during menstruation. SF was increased only in 2 patients with a past history of cerebral infarction or pulmonary thromboembolism. PIC increased in 1 of the 2 patients with hemoglobin loss >2.0 g/dl during menstruation.
Conclusion: Adenomyosis patients with a uterus volume ≥100 cubic centimeters are at risk of having an activated coagulation system. These patients, particularly those with elevated SF and DD, may be at risk of thrombotic disorders. Fibrinolysis is activated in a portion of patients with activated coagulation during menstruation. Activated fibrinolysis during menstruation may contribute to menorrhagia in patients with adenomyosis, as only patients with activated fibrinolysis suffered menorrhagia, even though patients with an adenomyotic uterus ≥100 cubic centimeters without activated fibrinolysis did not. These results suggest extensive adenomyosis confers a potential risk of infarction and thrombosis and exacerbates menorrhagia via activation of coagulation and fibrinolysis during menstruation.

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CONCLUSIONES

CONCLUSIONES

- DÍFICIL DIAGNÓSTICO Y SOSPECHA CLÍNICA Y EN PRUEBAS DE IMAGEN DE LA ADENOMIOSIS

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¡¡¡ADENOMIOSIS EXTENSA COMO FACTOR DE RIESGO CARDIOVASCULAR AÑADIDO!!!

GRACIAS

POR SU ATENCIÓN

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