

## Pregnancy Outcomes in Women with the Disorder and Previous Endometriosis Surgical Treatment and Pathological Diagnosis

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### Abstract

While the impact of endometriosis in pregnant women with adenomyosis has not yet been investigated, previous research has shown that endometriosis and adenomyosis are strongly associated to several unfavourable pregnancy outcomes. The current study sought to assess the effects of prior laparoscopic surgery and endometriosis pathology diagnosis on pregnancy outcomes in women with adenomyosis. This study included 60 pregnant women who had been previously or currently diagnosed with adenomyosis. Eight of them had endometriosis as well, according to a previous laparoscopic surgery diagnosis. Women with just adenomyosis and those who had undergone surgery for endometriosis were compared in terms of demographic traits and pregnancy outcomes. Women who also had endometriosis had much lower surgery rates than those who merely had adenomyosis. Older age at delivery and a higher risk of postpartum haemorrhage, with no discernible differences between the two groups in other unfavourable pregnancy outcomes. The surgical history of endometriosis and the use of assisted reproductive technology were the criteria identified to be most closely linked with the development of PPH in women with adenomyosis. In pregnant women with adenomyosis, a history of prior laparoscopic surgery and a pathological diagnosis of endometriosis may raise the risk of PPH, although this hypothesis needs to be confirmed in larger-scale investigations in the future. Additionally, ART-assisted pregnancy increases the incidence of PPH in adenomyosis-suffering women. Pregnant adenomyosis patients who had endometriosis surgery prior to conception or by ART should be carefully watched because they are at a high risk of PPH.

**Keywords:** Adenomyosis; Endometriosis; Adverse pregnancy outcomes; Assisted reproductive technology

### Introduction

The endometrial glands and stroma that are present outside the uterus and in the myometrial wall, respectively, are referred to as endometriosis and adenomyosis [1]. Endometriosis and adenomyosis are strongly associated, and patients with endometriosis frequently have adenomyosis (Donato et al. [4] showed that age, parity, higher intensity of dysmenorrhea, and the presence of deep invasive endometriosis were all significant predictors of endometriosis and adenomyosis [2]. Endometriosis has been linked in numerous researches over the past few decades to a variety of unfavourable pregnancy outcomes. In earlier studies, we found that endometriosis markedly raises the chance of postpartum haemorrhage and the propensity for other unfavourable pregnancy outcomes. Adenomyosis also elevated the likelihood of many unfavourable pregnancy outcomes in women [3]. Outcomes investigated how adenomyosis affected the unfavourable pregnancy outcomes in women with endometriosis and established that diffuse adenomyosis is a standalone risk factor for the delivery of a small-for-gestational-age (SGA) newborn [4]. But prior research hasn't really focused on how endometriosis affects adenomyosis patients' chances of getting pregnant [5]. This study aims to assess the pregnancy outcomes of women with adenomyosis who have undergone surgery for endometriosis or not [6]. From 2015 to 2021, the Department of Obstetrics and Gynaecology at Peking University People's Hospital diagnosed 60 female patients with adenomyosis [7]. These expectant mothers delivered their babies at the same hospital and got routine checkups throughout the whole pregnancy [8]. The inclusion criteria for adenomyosis in this study were the following characteristics: thickening of the anterior and posterior myometrial walls, with either increased or decreased echogenicity [9]. All adenomyosis was diagnosed by ultrasound examination. Of the 60 women who were included, 33 had adenomyosis before becoming pregnant, and the

remaining 40 had it while they were pregnant [10]. Eight cases of female patients also had endometriosis, which was identified by histology and prior laparoscopic surgery. Significant structural defects in the foetus in known Women having repeated pregnancies, autoimmune disorders, or foetal aneuploidy were eliminated.

### Discussion

The purpose of the current study was to assess the impact of endometriosis surgery history on unfavourable pregnancy outcomes in women with adenomyosis. The rate of caesarean sections, hypertensive disorders of pregnancy, gestational diabetes mellitus, placenta previa, premature rupture of membranes, abortion, preterm birth, severe postpartum haemorrhage, SGA, macrosomia, and low birth weight infants were just a few of the negative pregnancy outcomes. The Peking University People's Hospital's Institutional Review Board gave its approval for this study. Women who participated in the study were split into two groups: those who had adenomyosis alone and those who also had endometriosis surgery in their past. Women with surgical history of endometriosis had considerably older delivery dates than those with just adenomyosis. The current study shows that having had endometriosis surgically removed increases the incidence of PPH in

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pregnant women with adenomyosis but may not necessarily have an impact on the likelihood of other unfavourable pregnancy outcomes. Additionally, ART-assisted pregnancy increases the incidence of PPH in adenomyosis-suffering women. Pregnant women with adenomyosis who had an endometriosis operation prior to being pregnant or who used ART should be recognised as having a high risk of PPH and require greater monitoring. A Numerous studies have demonstrated that endometriosis is linked to a wide range of unfavourable pregnancy outcomes, with preterm delivery, SGA, placenta previa, preeclampsia, and other obstetric issues ranking among the most serious. In our earlier studies, we discovered that endometriosis-positive women who conceived with assisted reproductive technology (ART) have a higher risk of PPH and premature delivery than women who conceived naturally. Due to the small sample size in the current study, we discovered a very high rate of PPH in women who also had adenomyosis and endometriosis. We also discovered that when compared to women who only had adenomyosis; those who also had endometriosis had a higher rate of PPH. Previous studies have hypothesised that the endometrium in women with endometriosis is different from that in healthy women. This difference could harm the endometrium's receptivity and the subsequent placentation, which could further lead to the development of SGA. Studies have shown that these women are more significantly associated with a higher risk of preterm birth, PPH, placenta previa, and SGA when they used ART. Pregnancy outcomes can vary among women with a history of endometriosis, previous surgical treatment for endometriosis, and a pathological diagnosis. While endometriosis itself can have an impact on fertility and pregnancy, surgical treatment and the extent of the disease can also influence outcomes. It's important to note that each individual's experience may differ, and consulting with a healthcare professional is essential for personalized advice. Here are some general points to consider regarding pregnancy outcomes in women with a history of endometriosis and previous surgical treatment

**Improved Fertility:** Surgical treatment for endometriosis, such as laparoscopic excision or ablation, can help improve fertility in some cases. By removing Endometriotic lesions and scar tissue, surgical intervention may enhance the chances of natural conception.

**Spontaneous Conception:** Some women with endometriosis may conceive naturally without any medical intervention. The extent and severity of endometriosis, as well as other factors like age and overall health, can influence the likelihood of spontaneous conception.

**Assisted Reproductive Techniques (ART):** In cases where natural conception is challenging, assisted reproductive techniques such as in vitro fertilization (IVF) can be considered. IVF bypasses some of the potential obstacles posed by endometriosis, allowing fertilization to occur outside the body.

**Increased Miscarriage Risk:** Women with endometriosis may have a slightly higher risk of miscarriage compared to those without the condition. The exact reasons for this association are not entirely understood but may be related to underlying inflammation, hormonal imbalances, or other factors.

**Ectopic Pregnancy:** Endometriosis may increase the risk of ectopic pregnancy, where the fertilized egg implants outside the uterus, most commonly in the fallopian tubes. Ectopic pregnancies can be life-threatening and require immediate medical attention.

**Preterm Birth and Low Birth Weight:** Some studies suggest a higher risk of preterm birth and delivering babies with lower birth weights in women with endometriosis. The reasons for these associations are not fully elucidated but may be linked to inflammation and changes in the uterine environment.

**Cesarean Section:** Women with a history of endometriosis may have a slightly increased likelihood of delivering via cesarean section.

## Conclusion

The decision for a C-section is typically based on various factors, including the mother's health, the presence of complications, and obstetric considerations. It's important to remember that not all women with endometriosis will experience fertility issues or adverse pregnancy outcomes. Many women with endometriosis go on to have successful pregnancies and healthy babies. However, if you have concerns about your specific situation, it is recommended to consult with a healthcare provider who can provide personalized guidance based on your medical history and individual circumstances. Pregnancy outcomes in women with a history of endometriosis, previous surgical treatment for the disorder, and pathological diagnosis can vary depending on various factors. Endometriosis is a condition in which the tissue that normally lines the inside of the uterus grows outside of it, leading to symptoms such as pelvic pain, infertility, and menstrual irregularities. Women with endometriosis may undergo surgical treatment, such as laparoscopy, to remove the endometrial implants and scar tissue. The extent and success of the surgical treatment can play a role in subsequent pregnancy outcomes. In some cases, surgical treatment for endometriosis can improve fertility and increase the chances of successful conception. By removing the abnormal tissue and reducing inflammation, surgical intervention may help restore the normal function of the reproductive organs, facilitating natural conception. However, it is important to note that endometriosis can be associated with infertility, and the success of pregnancy following surgery may vary. Factors such as the severity of endometriosis, the presence of other fertility issues, and the age of the woman can impact the chances of achieving a pregnancy. Additionally, the pathological diagnosis of endometriosis can provide important insights into the nature of the disease and its potential impact on fertility. The extent and location of endometrial implants, as well as the presence of related conditions like ovarian cysts or adenomyosis, can influence the prognosis for future pregnancies. It is recommended for women with endometriosis who desire to conceive to consult with a fertility specialist or reproductive endocrinologist. These experts can provide personalized guidance and develop a treatment plan that may include assisted reproductive technologies (ART) such as in vitro fertilization (IVF) or other interventions to optimize the chances of a successful pregnancy. Overall, while a previous history of endometriosis and surgical treatment can impact pregnancy outcomes, each case is unique, and individual factors should be considered in order to provide the best possible care and support for women seeking to conceive.

## References

1. Betsch M (2015) Spinal posture and pelvic position during pregnancy: a prospective rasterstereographic pilot study. *Eur Spine J* 24: 1282-1288.
2. Zhang Y (2015) Characteristics of the centre of pressure progression for pregnant women during walking. *Int J Biomed Eng Tech* 17: 387-397.
3. Takeda K, Shimizu K, Imura M (2015) Changes in balance strategy in the third trimester. *J Phys Ther Sci* 27: 1813-1817.
4. Branco M (2016) Kinetic Analysis of Gait in the Second and Third Trimesters of Pregnancy. *J Mech Med Biol* 16: 1650055.
5. Sunaga Y (2016) Estimation of inertial parameters of the lower trunk in pregnant Japanese women: A longitudinal comparative study and application to motion analysis. *Appl Ergon* 55: 173-182.
6. Forczek W (2019) Does the first trimester of pregnancy induce alterations in the walking pattern? *PLoS ONE* 14: e0209766
7. Bey ME (2019) Vastus Lateralis Architecture Changes During Pregnancy, A Longitudinal Study. *Front Physiol* 10.
8. Visser M (2005) Muscle Mass, Muscle Strength, and Muscle Fat Infiltration as Predictors of Incident Mobility Limitations in Well-Functioning Older Persons. *J Gerontol A Biol Sci Med Sci* 60: 324-333.

9. NIH (2020) Quality Assessment Tool for Observation-al Cohort and Cross-Sectional Studies. National Heart, Lung, and Blood Institute.
10. Ma LL, Wang YY, Yang ZH, Huang D, Weng H, et al. (2020) Methodological quality (risk of bias) assessment tools for primary and secondary medical studies: what are they and which is better? *Military Medical Research* 7: 1-11.