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## ADENOMYOSIS IN ADOLESCENTS: DIAGNOSTIC AND MANAGEMENT CHALLENGES

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### Abstract

**Objective:** Adenomyosis, traditionally considered a condition of women above 35 years, is increasingly being recognized in adolescents with severe dysmenorrhea and heavy menstrual bleeding. This abstract highlights the diagnostic challenges and management strategies in this rare age group.

**Method:** A narrative review of adolescent cases was conducted, focusing on clinical presentation, imaging modalities, and therapeutic interventions. Conventional ultrasound was compared with magnetic resonance imaging (MRI), and various hormonal therapies were assessed.

**Results:** Adenomyosis in adolescents is often underdiagnosed due to symptom overlap with primary dysmenorrhea and endometriosis. Conventional ultrasound has limited accuracy in smaller uteri, while MRI provides superior visualization of junctional zone abnormalities. Hormonal therapies such as combined oral contraceptives, progestins, and levonorgestrel intrauterine systems demonstrated significant improvement in pain and bleeding. In resistant cases, gonadotropin-releasing hormone (GnRH) analogs and antagonists offered symptom relief, though concerns remain regarding bone health with long-term use. Surgical interventions are rarely indicated in this age group due to fertility preservation concerns.

**Conclusion:** Adenomyosis in adolescents, though rare, should be considered in cases of refractory menstrual pain and abnormal uterine bleeding. Early use of advanced imaging and conservative hormonal therapies can improve quality of life and preserve fertility. Greater clinical awareness and multidisciplinary care are essential to optimize outcomes.

**Keywords:** Adenomyosis, Adolescents, Dysmenorrhea, Diagnosis, Hormonal therapy, Fertility preservation.