GEM PATIENT EDUCATION CENTER

Endometriosis & Adenomyosis

Version 1.3 · Reviewed 13 September 2026

They can cause similar symptoms, but they are not the same condition.

ENDOMETRIOSIS

Where is it? Endometriosis is endometrium-like tissue outside the uterine lining and muscle. It may involve ovaries, pelvic lining, bowel, bladder or other sites.

Common symptoms

Painful periods, pelvic pain, pain with sex, bowel or bladder symptoms, and sometimes difficulty becoming pregnant.

ADENOMYOSIS

Where is it? Adenomyosis is endometrial glands and supporting tissue within the muscular uterine wall (myometrium). It is a separate condition.

Common symptoms

Painful periods, heavy or prolonged bleeding, pelvic pain, and sometimes a tender or enlarged uterus.

CAN YOU HAVE BOTH?

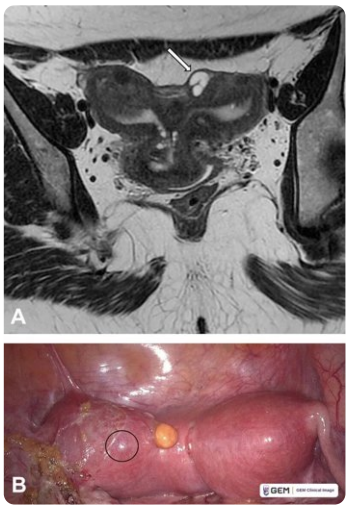
Yes. A woman can have endometriosis, adenomyosis, or both at the same time.

ADVANCED ENDOMETRIOSIS: ALSO THINK ABOUT ADENOMYOSIS

Studies in selected patients with deep endometriosis report coexisting adenomyosis. This association does not prove that one causes the other or apply equally to everyone. Consider adenomyosis when painful periods, heavy bleeding or pelvic pain persist.

How are they found?

Symptoms, examination, ultrasound and sometimes MRI help assessment. External uterine appearance alone cannot diagnose adenomyosis. Normal imaging does not exclude all endometriosis.



Why Does the Difference Matter?

Because the condition causing your symptoms can change the treatment you need.

PAIN AFTER ENDOMETRIOSIS SURGERY

If endometriosis has been successfully removed but **painful periods, heavy bleeding or pelvic pain continue**, adenomyosis may also be contributing. Persistent pain does not automatically mean that endometriosis has returned.

CAN ADENOMYOSIS AFFECT FERTILITY?

Adenomyosis can be a fertility factor. Studies of assisted reproduction associate it with poorer outcomes, but do not predict an individual's chance of pregnancy. Other fertility factors still need assessment. Adenomyosis may be focal or diffuse.

How is adenomyosis treated?

Treatment depends on symptoms, age and reproductive goals. Medicines can help pain and bleeding; fertility treatment may be appropriate. Selected uterus-preserving surgery requires expert counselling about benefits, complications and risks to a future pregnancy. No single treatment suits everyone.

What about hysterectomy?

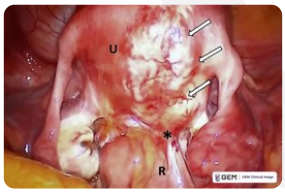
Hysterectomy treats uterine adenomyosis; you cannot carry a pregnancy afterward. Endometriosis elsewhere or other causes of pain may remain.

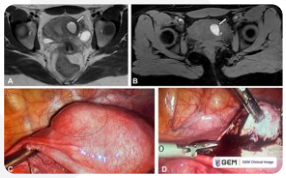
GEM KEY MESSAGE

ENDOMETRIOSIS AND ADENOMYOSIS ARE NOT THE SAME DISEASE – BUT THEY CAN EXIST TOGETHER.

Adenomyosis should be considered especially when endometriosis is deep or advanced, when symptoms continue after endometriosis treatment, or when pregnancy does not occur as expected.

Knowing which condition you have can change your treatment.





Evidence & review

Endometriosis & Adenomyosis
Version 1.3 · Reviewed 13 September 2026

Definitions and diagnosis

Endometriosis is endometrium-like tissue outside the uterine endometrium and myometrium. Adenomyosis involves endometrial glands and stroma within the myometrium, the muscular uterine wall. They can coexist. Ultrasound and MRI can support diagnosis; external laparoscopic appearance alone does not establish adenomyosis.

Coexistence is an association

Marcellin and colleagues studied 255 symptomatic patients undergoing surgery for deep endometriosis. The association with focal outer-myometrial adenomyosis is a finding in a selected surgical population, not proof that endometriosis causes adenomyosis or that all patients have both.

Fertility evidence has limits

A 2024 IVF/ICSI meta-analysis associates adenomyosis with lower pregnancy and live-birth rates and higher miscarriage rates. The evidence is largely observational and concerns assisted reproduction; it is not an individual prediction or direct estimate for all natural conceptions. Newer reviews describe heterogeneity and uncertain treatment effects.

Treatment and hysterectomy

Treatment depends on symptoms and reproductive goals. Medicines can help pain and bleeding. Selected uterus-preserving surgery needs specialist counselling, including effects on future pregnancy. Hysterectomy definitively treats adenomyosis in the removed uterus and prevents carrying a pregnancy. It does not remove endometriosis elsewhere or guarantee that every cause of pelvic pain will resolve.

Medical information

Seek urgent or emergency assessment for severe or rapidly worsening symptoms.

Version 1.3 · Reviewed 13 September 2026. Proposed next review: September 2027, or sooner if relevant guidance changes.

Full references

Numbers correspond to the sources cited in this revised guide. Access notes distinguish relevant full-text inspection from abstract-only checks. No source is presented as an endorsement of GEM.

- **[1]** ESHRE. Endometriosis guideline. 2022.
  Verification: Relevant full-guideline sections inspected online.
  Freely available — https://www.eshre.eu/-/media/sitecore-files/Guidelines/Endometriosis/ESHRE-GUIDELINE-ENDOMETRIOSIS-2022_1.pdf

- **[2]** NHS. Adenomyosis. Reviewed 17 July 2023.
  Verification: Relevant patient page inspected.
  Freely available — https://www.nhs.uk/conditions/adenomyosis/

- **[3]** Marcellin L, Santulli P, Bourdon M, et al. Focal adenomyosis of the outer myometrium and deep infiltrating endometriosis severity. Fertil Steril. 2020;114(4):818-827. doi:10.1016/j.fertnstert.2020.05.003. PMID 32741618.
  Verification: Bibliographic record and complete abstract inspected via PubMed/Europe PMC; full paper not inspected.
  Freely available — https://pubmed.ncbi.nlm.nih.gov/32741618/

- **[4]** Ge L, Li Y, Zhou J, et al. Effect of different treatment protocols on in vitro fertilisation/intracytoplasmic sperm injection (IVF/ICSI) outcomes in adenomyosis women: a systematic review and meta-analysis. BMJ Open. 2024;14(7):e077025. doi:10.1136/bmjopen-2023-077025. PMID 39025820.
  Verification: Bibliographic record, abstract and relevant full-text sections inspected via Europe PMC.
  Freely available — https://europepmc.org/articles/PMC11261672

- **[5]** Kolovos G, Kalampokas T, Dedes I, et al. The impact of adenomyosis localization in myometrium on fertility and pregnancy outcomes: a narrative systematic review of the literature. Front Reprod Health. 2026;8:1748474. doi:10.3389/frph.2026.1748474. PMID 41918520.
  Verification: Bibliographic record and complete abstract inspected via PubMed/Europe PMC; full paper not inspected.
  Freely available — https://pubmed.ncbi.nlm.nih.gov/41918520/

- **[6]** Manem N, Hori K, Aghajanova L. Adenomyosis and fertility: from pathophysiology to optimizing reproductive outcomes. Curr Opin Obstet Gynecol. 2026;38(4):208-216. doi:10.1097/gco.0000000000001117. PMID 42244463.
  Verification: Bibliographic record and complete abstract inspected via PubMed/Europe PMC; full paper not inspected.
  Freely available — https://pubmed.ncbi.nlm.nih.gov/42244463/

- [7] Capezzuoli T, Toscano F, Ceccaroni M, et al. Conservative surgical treatment for adenomyosis: New options for looking beyond uterus removal. Best Pract Res Clin Obstet Gynaecol. 2024;95:102507. doi:10.1016/j.bpobgyn.2024.102507. PMID 38906739.
  Verification: Bibliographic record and complete abstract inspected via PubMed/Europe PMC; full paper not inspected.
  Freely available — https://pubmed.ncbi.nlm.nih.gov/38906739/