Introduction
Adenomyosis represents a common gynecological disorder with a negative impact on fertility. In around one third of cases, adenomyosis is completely asymptomatic. Although there is a lack of consensus on adenomyosis classification, three subtypes are described, internal, external adenomyosis, and adenomyomas.

Objective
We wanted to assess whether the diagnosis of adenomyosis was underestimated. We searched:
1. The uterus is globally enlarged in the absence of other pathologies; 2. Asymmetrically enlarged uterus; 3. The junctional zone (endometrial-myometrial junction) is not clearly visible; 4. The myometrium shows hyperechoic linear near the endometrial–myometrial interface; 5. The myometrium can present cysts (especially located in the so-called subendometrial zone); 6. The myometrium can appear heterogeneous as it presents areas with decreased or increased echogenicity; 7. The sign called “the question mark form of the uterus”. Finding at least three of these signs is highly suggestive of adenomyosis.

Methods
We selected 120 patients under the age of 35 to which we used a short protocol with antagonists. All patients did not have pelvic endometriosis and not reported a history of cesarean section and myomectomy. The ultrasound reexamination was done 6-12 months after the IVF cycle failed. 35 patients showed at least three ultrasound signs supporting the diagnosis of adenomyosis. 28 had changes to the junctional zone, 25 had “question sign”. Condition severity expressed as a number of morphological features on ultrasound scan increases the magnitude of the effect. All patients received the recommendation to perform a second ovarian stimulation IVF cycle with GnRH agonist long protocol.

Conclusion
It is necessary carefully examination of the jonctional zone and we believe the use of 3D ultrasound examination is necessary. We recommend the use of GnRH agonist long protocol in the cases with adenomyosis or suspicion of adenomyosis.