

EP14.11: Sonographic changes of peritoneal endometriosis lesions in pregnancy: A prospective observational study

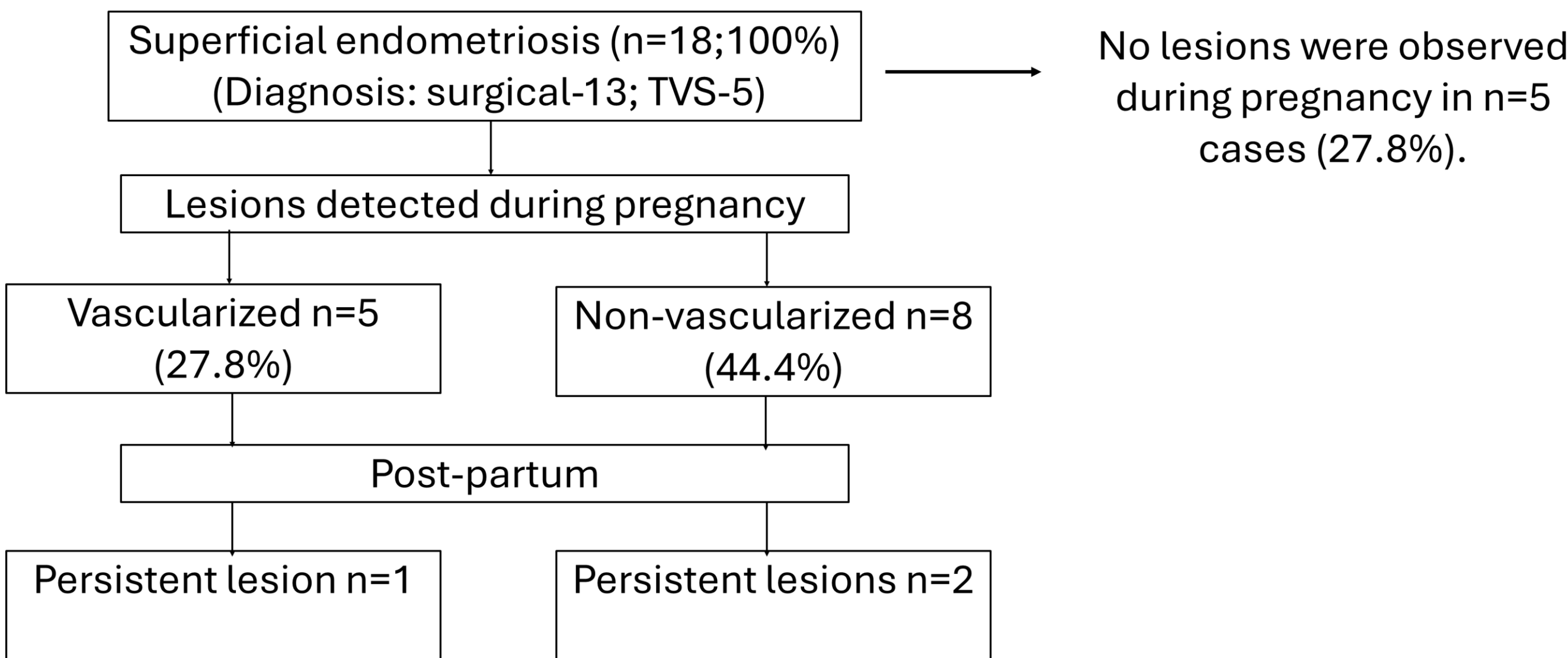
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Background: Deep endometriosis (DE) nodules and ovarian endometriomas can undergo decidualization during pregnancy, mimicking malignancy. Decidualized DE nodules appear enlarged and hypervascular, but regress postpartum.

Objective: To assess the sonographic evolution of peritoneal endometriosis lesions during pregnancy.

Methods: A prospective cohort study on endometriosis in pregnancy (12/2018–3/2024), women with a preconception diagnosis of peritoneal endometriosis underwent transvaginal sonography (TVS) and Doppler once per trimester and 2–3 months postpartum. Lesions were classified as peritoneal if, before conception or postpartum, they appeared on TVS as: (1) hypoechogenic (≤ 5 mm) or (2) peritoneal irregularities. In addition, vascular lesions observed during pregnancy that resolved after delivery were also classified as peritoneal.

Results:



During pregnancy, 13 lesions were identified; 5/13 were vascularized. Postpartum, 3/13 lesions persisted, all smaller and avascular. Additional peritoneal lesions were first detected postpartum in 3 women.

Conclusion: Peritoneal endometriosis lesions may show transient hypertrophy and vascularity during pregnancy, regressing postpartum—changes consistent with decidualization, similar to DE nodules.

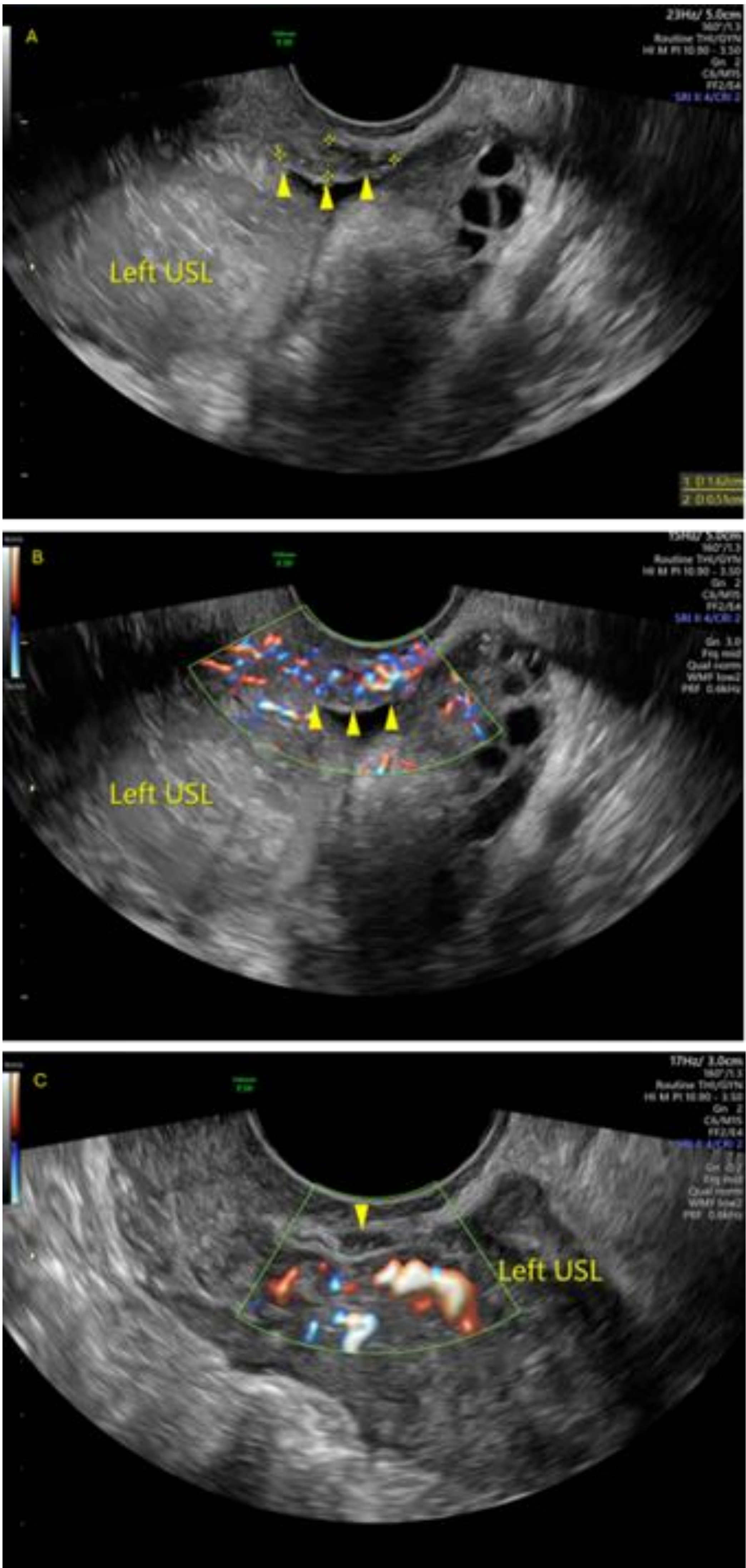


Fig. 1: Decidualized peritoneal endometriosis lesion (arrowheads) at 12 + 4 weeks (A, B) and postpartum (C)