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Is non-invasive diagnosis of endometriosis by imaging possible?

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Objectives: The aim of the present study is to evaluate the role of the combination of transvaginal ultrasonography (TVUS) and magnetic resonance (MR) in the diagnosis of deep endometriosis.

Methods: Patients with a high suspicion of deep endometriosis due to the presence of severe dysmenorrhoea underwent transvaginal ultrasonography (TVUS) and magnetic resonance (MR).

The different sites were evaluated according to the IDEA protocol in the rectosigmoid, forniceal, rectovaginal septum, uterosacral ligaments and bladder. We also evaluated for the presence of adenomyosis according to MUSA criteria.

Results:

In 121 patients with an ultrasound diagnosis of endometriosis (deep endometriosis and/or adenomyosis) the concordance with MR was 93%. In 53 patients, the ultrasound was negative, and MR showed the presence of endometriosis and/or adenomyosis in a further 41 patients (*Figure 1*). These patients were younger than the ultrasound positive patients (31+8 years versus 36+8 years, $p < 0.001$). Specifically, in these patients, MR revealed a lesion in the uterosacral ligament in 24 (45%) (*Figure 2*) and a forniceal lesion not seen on TVUS in 12 (23%). Only 12 patients seem to be negative with both techniques (7%).

Conclusion

Conclusions: In a population at high risk for the presence of endometriosis and adenomyosis, the combined use of TVS and MR allows the identification of lesions in patients negative on ultrasound in most cases, defining a fundamental role for the combination of imaging techniques mainly in patients with negative ultrasound evaluation.

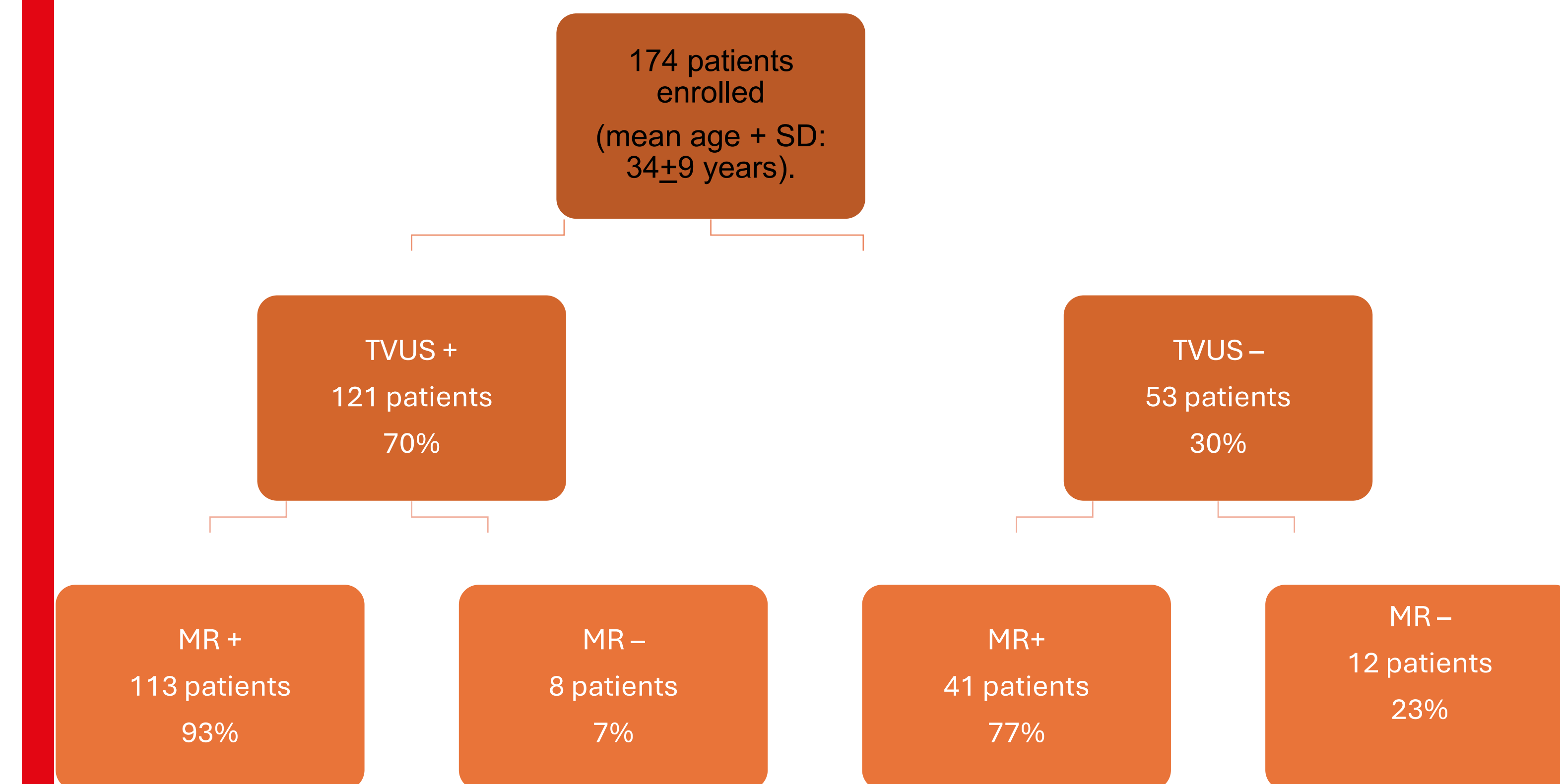


Figure 1 Flow-chart of the study

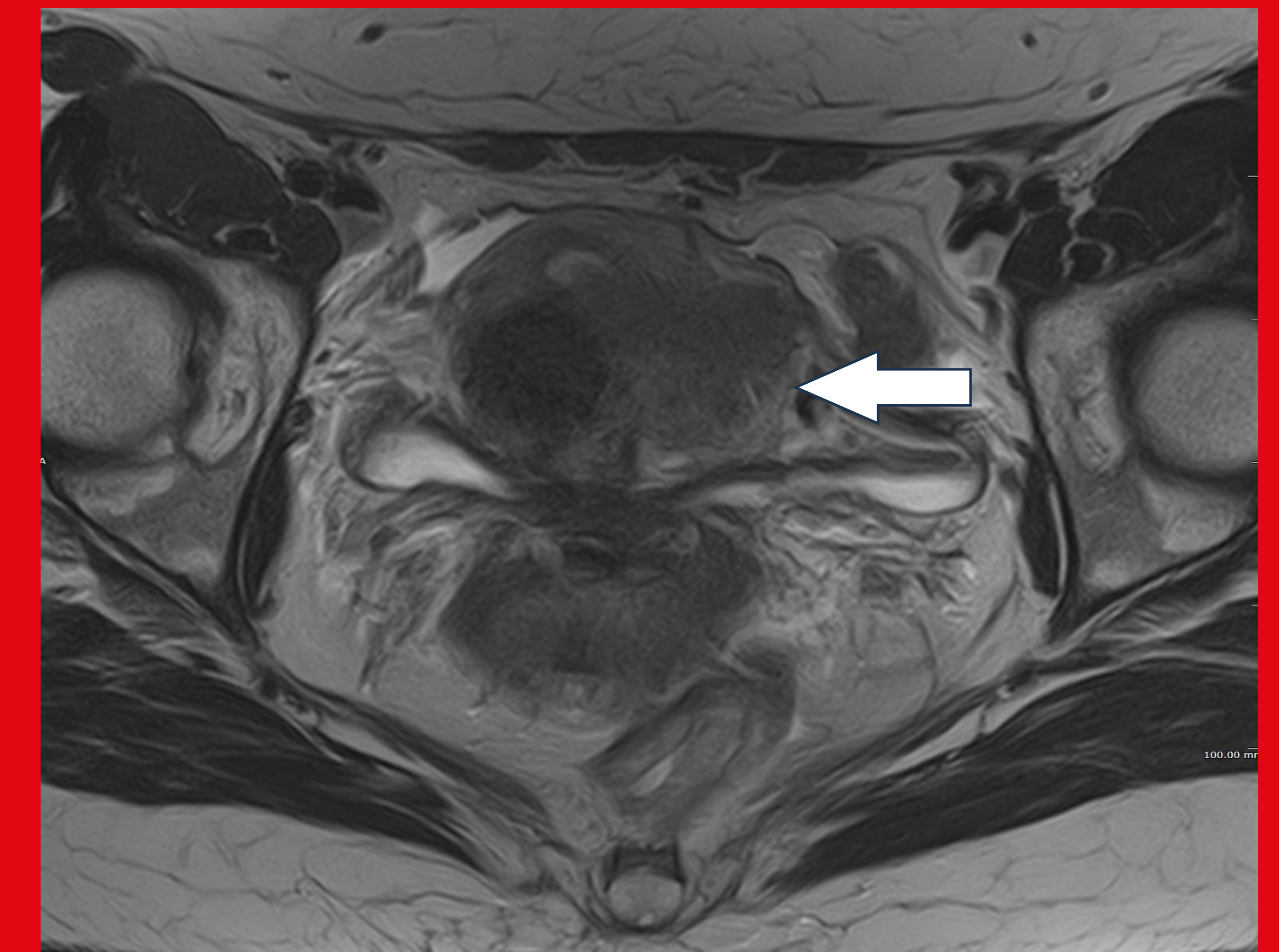


Figure 2 In case negative at TVS, MR identifies a lesion in the uterosacral ligament (arrow)