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Prevalence of Benign and Malignant Lesion Using IETA

Description among Postmenopausal Women

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Introduction

Menopause is a naturally occurring point in time twelve (12) months after a woman’s last menstrual period and postmenopausal bleeding (PMB) requires evaluation due to risk of endometrial pathology.

Objective

- Determine prevalence of benign vs malignant lesions using IETA
- Correlate ultrasound findings with histopathology
- Describe the demographic and clinical profiles

Methodology

- A retrospective, descriptive, cross-sectional study
- 45 symptomatic postmenopausal women (ages 49-83)
- All were subjected to chart review of history (BMI, time since menopause, obstetrical, and medical history.
- Transvaginal ultrasound using IETA terms
- Histopathologic confirmation via endometrial curettage

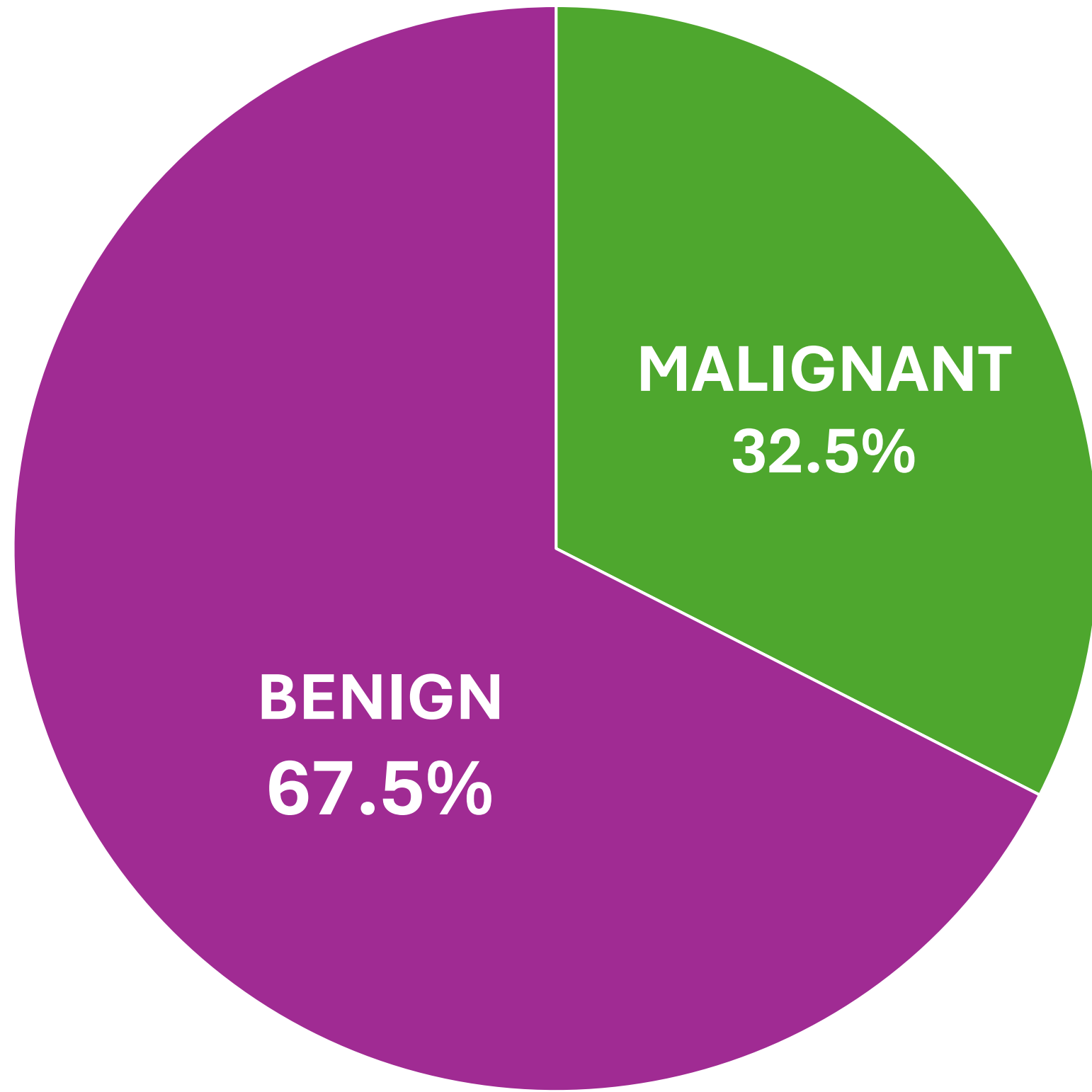
Results

- Demographics:
 - Benign: 71.11% | Malignant: 28.89%
- Multiparity more common in the benign group
- Nulliparity more common in the malignant group
- Diabetes present in 40% of patients
- IETA features (thickness >4mm, irregular junction, color score ≥3) correlated with malignancy
- Diagnostic accuracy: 100% sensitivity, specificity, Positive Predictive Value, Negative Predictive Value

Conclusion

Transvaginal ultrasound using IETA classification possess an important role in discriminating benign from malignant endometrium in cases of post-menopausal bleeding.

Prevalence of lesions in Postmenopausal women



IETA Descriptors	Benign (%)	Malignant (%)
Thickness >4 mm	84.37%	100%
Non-uniform endometrium	75%	92.31%
Endometrial midline not defined	96.88%	100%
Irregular junction	18.75%	69.23%
(-) Intracavitary Fluid	87.5%	92.31%
Color score ≥3	0%	46.15%

DIAGNOSTIC PERFORMANCE	
METRIC	VALUE
Sensitivity	100%
Specificity	100%
Positive Predictive Value	100%
Negative Predictive Value	100%
Accuracy	100%
Likelihood Ratio Positive (LR ⁺)	Undefined
Likelihood Ratio Negative (LR ⁻)	0