

EP12.16. Role of transvaginal ultrasound in the diagnosis and evaluation of rectosigmoid lesions in female patients: a case series.

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Introduction

This study aim to describe the clinical and ultrasound characteristics of primary non-gynecological surgically confirmed rectosigmoid lesions that were either evaluated or incidentally identified on transvaginal ultrasound.

It is a multicenter retrospective analysis of ultrasound images of women with bowel lesions, who underwent surgical treatment.

Data regarding the localization, size, extension, and infiltration of pelvic organs observed on ultrasound were collected and subsequently compared with surgical and histopathological findings.

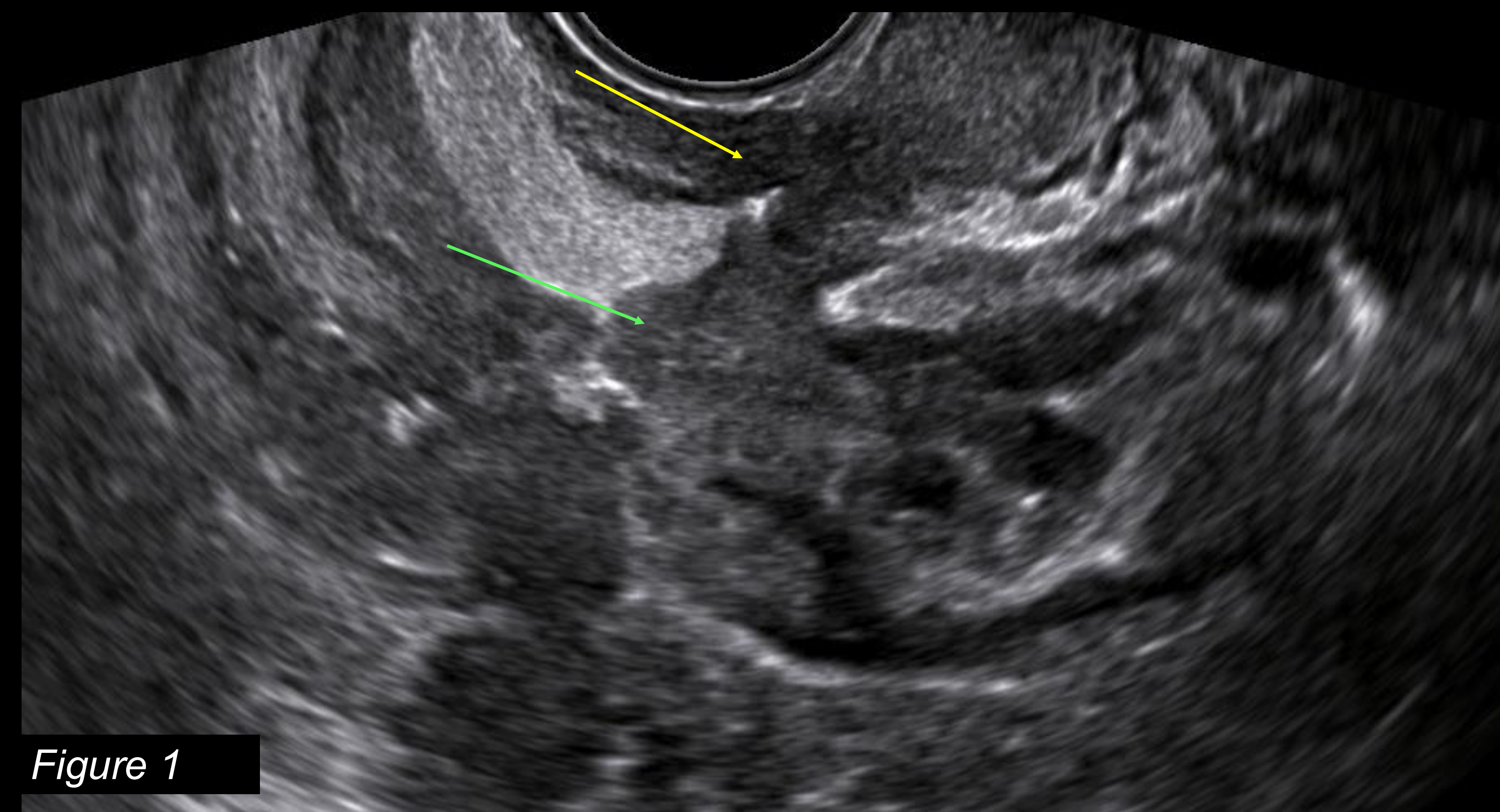


Figure 1. Rectal adenocarcinoma appearing as solid hypoechoic tissue, arising from the rectum (green arrow) and infiltrating the posterior vaginal fornix (yellow arrow).

Results

Eleven women were included.

Four patients had a final histology of colorectal low-grade adenocarcinoma; three patients had a final histology of high-grade sigmoid or rectal cancer; one patient had a final histology of dilated diverticulum and one had a benign polyp.

In the other cases the neoplastic tissue had extraluminal diffusion, showed solid and hypoechoic echostructure with irregular margins and were moderately to richly vascularized at color Doppler.

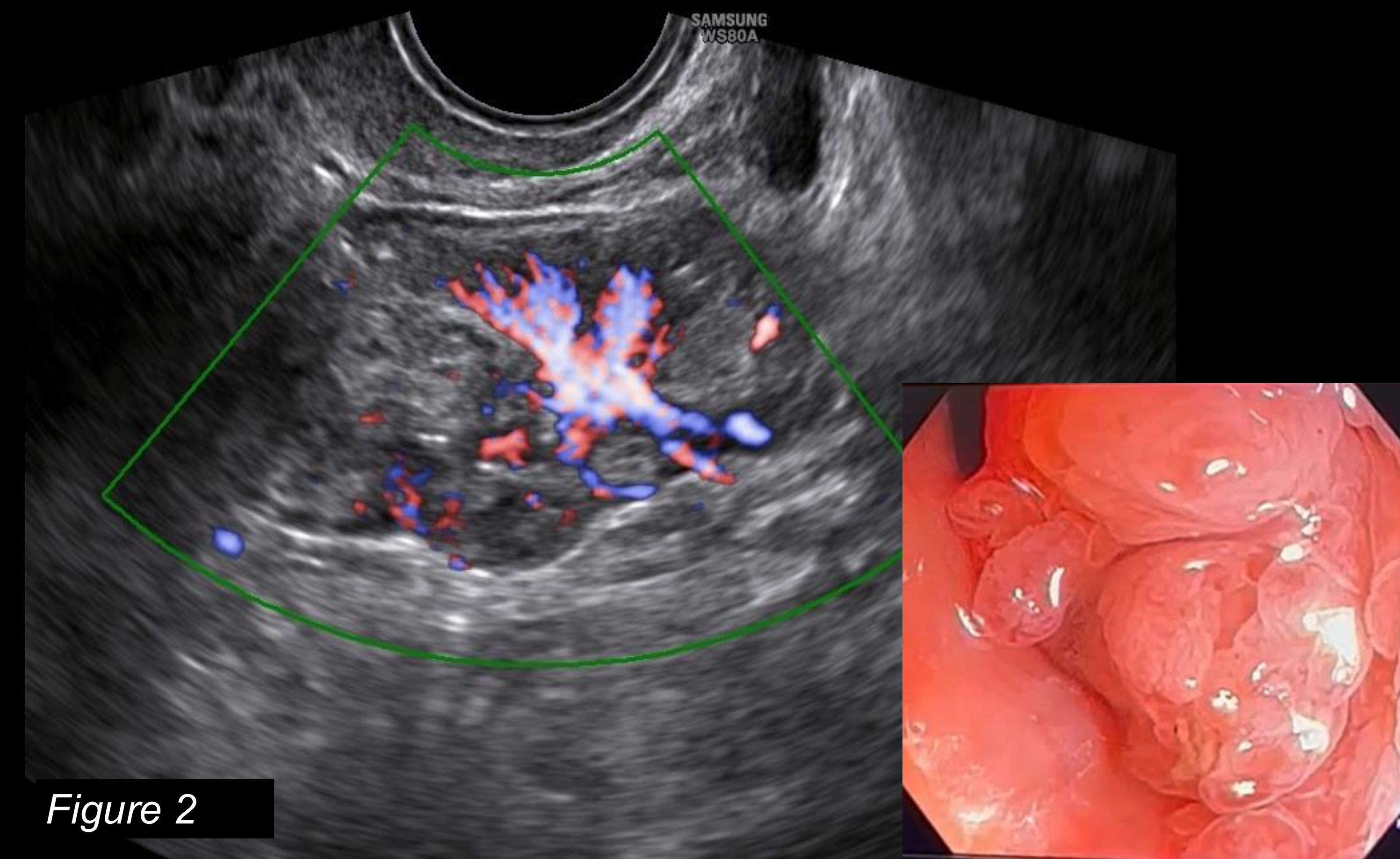


Figure 2. Polypoid sigmoid adenocarcinoma appearing as endoluminal soft hypoechoic tissue on US, with blurred margins and rich arborescent vascularization on power Doppler, confirmed on colonoscopy

Conclusion

TVUS could represent a useful diagnostic tool in the evaluation of rectosigmoid lesions in female patients, in the evaluation of pelvic extension of the disease and in differential diagnosis with gynecological pathology. Transvaginal or transrectal ultrasound could be integrated in the preoperative work-up of these patients when uterine/vaginal or adnexal infiltration is suspected for a more accurate surgical planning.