

Second Medical Opinion for Suspected Endometriosis

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Objective: This study aimed to evaluate the role of a second opinion in diagnosing and managing suspected endometriosis.

Methods_1: This retrospective observational study included all patients who requested a second opinion (**SO**) due to clinical suspicion of deep endometriosis. All patients underwent a gynecological bimanual examination and a diagnostic transvaginal ultrasound evaluation by an expert at our unit from July 2024 to January 2026.

A magnetic resonance (MR) scan was requested in cases of significant clinical suspicion in the absence of typical ultrasonographic findings.

Methods_2: We compared the initial diagnosis with the diagnosis after the **SO** in terms of no endometriosis, a formal endometriosis diagnosis, suggestive symptoms and suspicions, and an undetermined diagnostic status and evaluated the rate of diagnostic concordance between the initial assessments and the second opinion evaluations.

Results: A total of 200 women (mean age $\pm$ SD, 34.8 $\pm$ 9.6 years) requested a second opinion. Thirty-three patients (16.8%) underwent an MR scan. **SO** evaluations found endometriosis in 84.6% of cases with no endometriosis in the first visit (see table), no endometriosis in 26.7% of those with a formal endometriosis diagnosis at the initial visit and endometriosis in 62% of patients with suggestive symptoms and suspicions at the initial visit

First diagnostic opinion	Diagnosis after second opinion				
		No endometriosis N:60 (30%)	Formal diagnosis of endometriosis N: 130(65%)	Suggestive symptoms and suspicion N:8 (4%)	Undetermined diagnostic status N:2 (1%)
	No endometriosis N: 13 (6.5%)	1 (7.7%)	11 (84.6%)	1(7.7%)	0
	Formal diagnosis of endometriosis N: 45 (23%)	12 (26.7%)	33 (71.7%)	1(2.2%)	0
	Suggestive symptoms and suspicion N: 137 (65.5%)	46 (33.6%)	85 (62%)	6 (4.4%)	0
	Undetermined diagnostic status (n= 4)	1 (25%)	1 (25%)	0	2 (50%)
	Discrepancies in imaging N:4 (2%)	0	0	0	0

Conclusion

Using a second medical opinion for suspected endometriosis by a team of experts seems to be a useful method to increase diagnoses of endometriosis and reduce the risk of overdiagnosis by 1/4.

RM scan was necessary only in 16.8% of cases after SO evaluation performed by an expert