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Knowledge and clinical practice in endometriosis and adenomyosis in Central America: results of a multicenter regional survey

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Introduction

Non-invasive, imaging-based diagnosis of endometriosis and adenomyosis is now supported by international consensus statements (IDEA, MUSA, ISUOG). Their penetration into daily practice in Central America has not been described.

Objectives

To evaluate knowledge, perceptions and clinical practices in the diagnosis and management of endometriosis and adenomyosis among gynecologists in Central America.

Methods

Cross-sectional, descriptive study based on an anonymous, self-administered survey distributed to gynecologists across Central American countries. Variables: theoretical knowledge, clinical practice, use of gynecological ultrasound and awareness of international consensus statements (ISUOG, IDEA, MUSA). Descriptive statistics were applied.

Results

492 gynecologists completed the survey.

41.1% confused endometriosis with adenomyosis.

56.1% preferred diagnostic laparoscopy, while only 30.1% recognized transvaginal ultrasound as first line (Figure 1).

52.3% were unfamiliar with the IDEA consensus.

>90% expressed strong interest in advanced ultrasound and surgical training.

Conclusion

Significant gaps and variability in clinical practice persist in Central America. Despite increasing recognition of ultrasound, its systematic use remains limited. The high demand for structured training highlights the need for regional programs based on ISUOG and IDEA recommendations to improve diagnostic standardization and patient care.

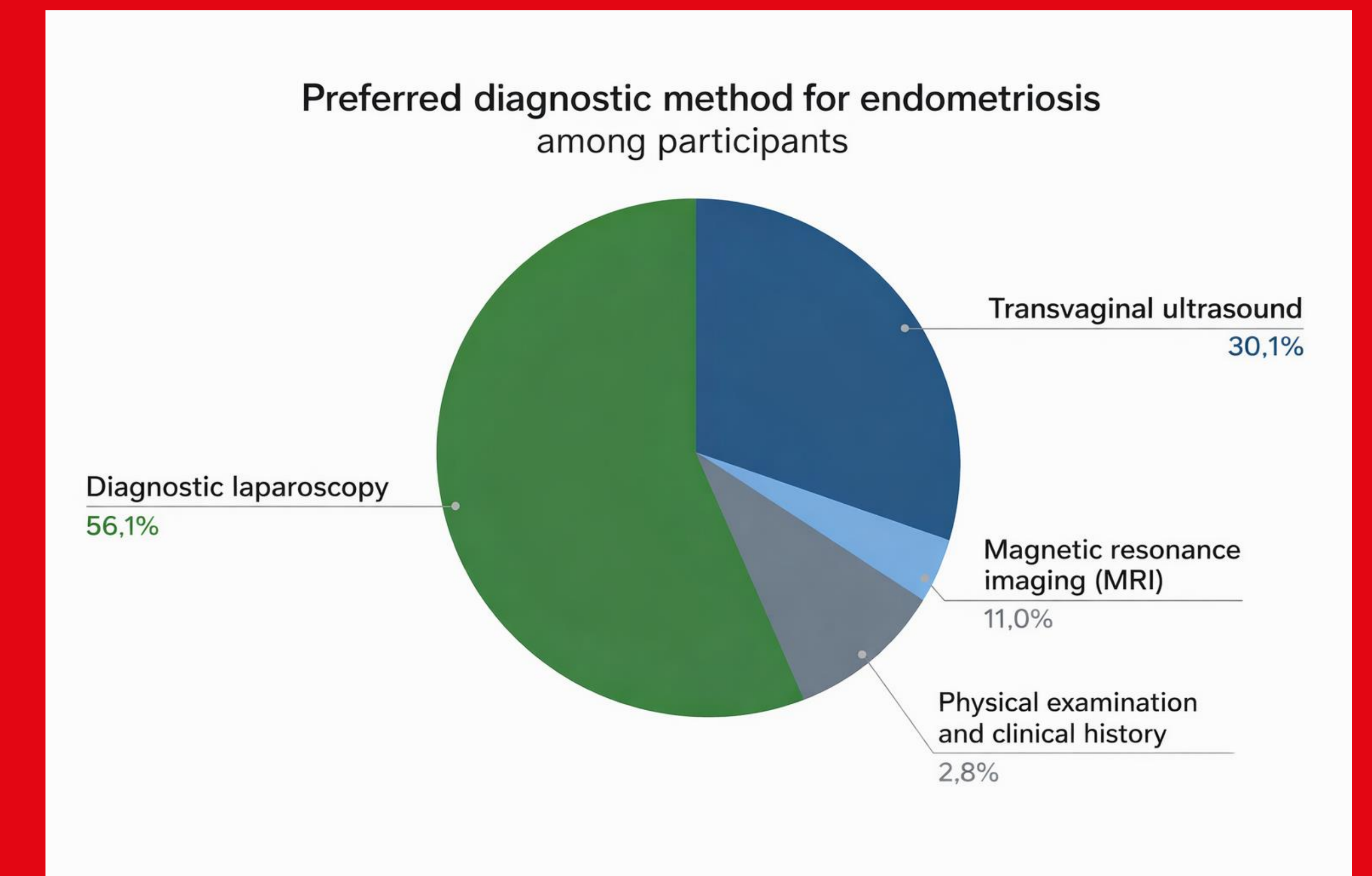


Figure 1. Preferred diagnostic modality for endometriosis (n=492). Laparoscopy remains predominant over transvaginal ultrasound, despite current guideline recommendations.

Key messages

1 in 3

recognizes transvaginal ultrasound as first line

1 in 2

is unaware of the IDEA consensus

9 in 10

request structured ultrasound training