

PREOPERATIVE WORK UP FOR POSTERIOR ENDOMETRIOSIS IN LIMOGES UNIVERSITY HOSPITAL CENTER

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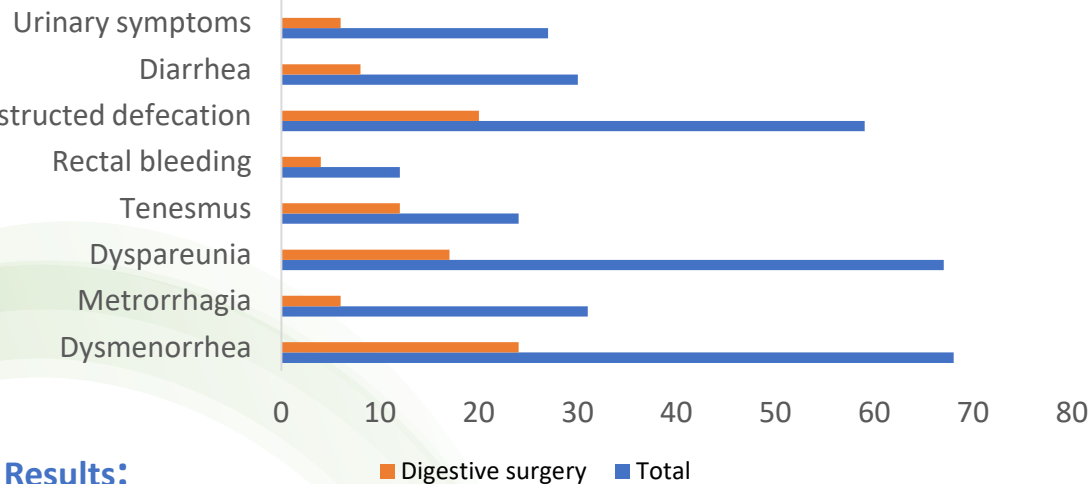
Context:

Endometriosis is still a very heterogeneous disease which can require invasive surgical care. In those cases, predicting the risk of posterior compartment invasion, especially when it comes to digestive resections is fundamental. We aimed in this work to analyze the relevance of the different imaging examinations used in our University Hospital Center in the preoperative workup for posterior endometriosis, focusing on rectovaginal septum and global digestive tract spread.

Method:

Retrospective unicentric study in the Limoges University Hospital Center including 111 patients that underwent at least 2 imaging examinations among MRI, EUS and CT enema before a curative surgery for endometriosis ever since year 2008, with goal is to analyze the diagnostic performances for each examination and to compare them through subgroup analysis.

Population: 94 patients symptoms described and 36 digestive resections done



Results:

- MRI is the most efficient examination concerning the detection of uterosacral, torus lesions and pelvic adhesions with respective Sensitivity of 69,23%, 78,95% and 83,33%.
- EUS has the best diagnostic performances concerning the detection of digestive lesions that are for the most part, rectal with a Sensitivity of 63,64% and a Specificity of 77,5%.
- Bifocal lesions were as well detected by EUS as by CT enema.

MRI performances for each part of the posterior compartment evaluation

106 patients	Sensitivity	Specificity	PPV	NPV	LR+	LR-	p
US	69,23%	80,77%	78,26%	72,41%	3,6	0,38	0,32
Torus	78,95%	59,09%	52,63%	82,98%	1,93	0,36	<0,05
Vagina	57,14%	94,68%	61,54%	93,68%	10,7	0,45	1
Douglas	56,25%	87,25%	66,67%	81,22%	4,41	0,50	0,40
Digestive tract	36,59%	88,89%	68,18%	68,29%	3,29	0,71	<0,05
Adhesions	67,53%	81,48%	91,23%	46,81%	3,64	0,39	<0,05

EUS performances for digestive spread diagnosis

78 patients	Sensitivity	Specificity	PPV	NPV	LR+	LR-	p
Digestive tract	63,64%	77,5%	70%	72,09%	2,8	0,47	<0,05
Adhesions	71,7%	88,89%	95%	51,61%	6,45	0,31	<0,05

CT enema performances for digestive spread diagnosis

31 patients	Sensitivity	Specificity	PPV	NPV	LR+	LR-	p
Digestive tract	57,14%	81,25%	72,73%	68,42%	3,05	0,52	0,056
Adhesions	75%	100%	100%	61,54%	-	-	<0,05

Conclusion:

Abdominal and pelvic MRI is a specialized first line examination in the Limoges University Hospital Center allowing to screen for endometriosis lesions in the whole pelvis as far as the kidney level. EUS brings crucial informations in preop concerning digestive lesions that are mostly rectal. The indications of CT enema are still to be specified since it is a useful exam to diagnose urinary tract and digestive lesions that lie higher than de rectosigmoid junction but these cases are still rare.