

Three-dimensional (3D) rectosonography: description and evaluation of a new 3D transvaginal ultrasonography technique with intrarectal contrast to assess colorectal endometriosis.

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ABSTRACT

OBJECTIVE: Deep infiltrating endometriosis (DIE) raises a number of diagnostic and therapeutic problems. Magnetic resonance imaging (MRI), the reference technique in endometriosis, is questioned for posterior pelvic lesions, especially in rectosigmoid locations. In this study, we describe a new technique called Three Dimensional rectosonography (3D-RSG), which combines standard transvaginal ultrasonography (TVUS), 3-dimensional (3D) ultrasonography, and the use of water for rectal contrast. We also assess the feasibility and diagnostic performance of this technique.

METHODS: This study included 50 consecutive women with symptoms suggestive of DIE. After colorectal enema, they underwent a gynecological examination and a 3D TVUS during which 120 ml of water was injected intrarectally to improve the performance of the examination.

RESULTS: Fifty women underwent 3D-RSG between May and November 2012. All procedures were well tolerated by patients. Two examinations (4%) were stopped for technical reasons. Eighteen rectosigmoid nodules were diagnosed in 17 women (34%). Seventeen of these nodules were also identified with MRI, and one (2%) nodule seen on MRI was not diagnosed by 3D-RSG. In 31 examinations (62%), neither technique identified an intestinal lesion. 3D-RSG had a sensitivity of 0.95, a specificity of 0.97, a positive predictive values of 0.95, and a negative predictive value of 0.97.

CONCLUSIONS: 3D-RSG is a powerful new method for diagnosis of rectosigmoid endometriosis that is both feasible and well tolerated. We propose to perform a first-line 3D-RSG whenever the diagnosis is suspected, although confirmatory studies are needed

Mots clefs : deeply infiltrating endometriosis / Digestive endometriosis / Rectosonography / transvaginal ultrasonography / preoperative assessment

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