

2D AND 3D ULTRASONOGRAPHIC CRITERIA FOR THE DIAGNOSIS OF ADENOMIOSIS: INTEROBSERVER CONCORDANCE

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OBJECTIVE

To evaluate the interobserver concordance for the ultrasonographic diagnostic criteria of adenomyosis based on 2D transvaginal scan 2D (2D-TVS) and 3D (3D-TVS) using the analysis of 3D ultrasonographic volumes.

MATERIAL and METHODS

We analyzed 50 cases (25 patients without adenomyosis and 25 patients with adenomyosis) previously selected by the first author. All cases were evaluated independently by 4 expert ultrasonographers. The study was approved by the local Ethics Committee.

Interobserver agreement between trainer and trainees was assessed using Cohen's weighted kappa index () with 95% CIs and percentage of agreement (< 0.20 indicates poor agreement; 0.21–0.40 fair agreement; 0.41–0.60 moderate agreement; 0.61–0.80 good agreement; and 0.81–1.00 very good agreement). Considering that the expected percentage of agreement would be 70% and accepting a standard error of 20%, we calculated that a sample size of 50 cases would be needed.

The diagnostic criteria for adenomyosis were based on previously published criteria and still used nowadays. To evaluate the junction zone (JZ) we used 3D ultrasound in multiplanar section using VCI mode and doing coronal and sagittal sections less 2mm thick, as well as in surface reconstruction mode

RESULTS

We found a high diagnostic concordance among observers, with a kappa index of 0.61 to 0.92.

When sonographic criteria were individually analyzed, a good concordance was also found to identify intramiometrial cysts (kappa 0.59 – 0.79) as well as in the evaluation of the junctional zone (JZ) by 3D-TVS (kappa 0.53 – 0.88). The rest of the criteria reached as well good concordance, specially among 3 of the 4 observers, specially when considering miometrial heterogeneity.

CONCLUSIONS

Both 2D-TVS and 3D-TVS criteria to diagnose adenomyosis seem to be reproducible parameters. The high concordance obtained in the evaluation of the JZ may increase the diagnostic sensibility by incorporating this criteria in the sonographic diagnosis.

Mots clefs : ULTRASONOGRAPHIC CRITERIA, adenomyosis, interobserver agreement

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Références : , , ,

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