3D ULTRASOUND FOR THE DIAGNOSIS OF ADENOMYOSIS

Introduction: diagnosis of adenomyosis remains challenging. Conventional pelvic ultrasound (2D mode) shows variable performances, with reported sensitivity (Se) ranging from 53 to 89% and specificity (Sp) from 50 to 99%. Three-dimensional pelvic ultrasound (3DUS) seems to offer higher diagnosis performances, with Se and Sp of more than 90% and 80% respectively. Yet, first evaluations of 3DUS were performed in selected high-risk pre-menopausal women. Our objective was to evaluate the performances of 3DUS for the diagnosis of adenomyosis in an unselected population of women who underwent a hysterectomy.

Materials and methods: all 3DUS performed pre-operatively in women who underwent an hysterectomy over a 21 months period (September 2013 to June 2015) were reviewed. Pathology and 3DUS data were compared.

Results: over the 248 women who underwent a hysterectomy during the study period, 81 had benefited from pre-operative 3DUS and were included. The pathological prevalence of adenomyosis was 44%. Se and Sp of 3DUS were 78% and 78%, respectively. The positive and negative predictive values were 74% and 81%, respectively. The intrinsic 3DUS performances were increased if pelvic cancers cases were excluded (Se = 79%, Sp = 81%), as well as associated fibroids cases (Se = 100% Sp = 90%) and women over 50 years (Se = 89%, Sp = 71%).

Conclusion: in a general population of women undergoing a hysterectomy, 3DUS Se and Sp were lower than previously described. Intrinsic performances of 3DUS seem indeed impaired by the existence of concomitant pathology and menopausal status. Our results may however be certainly more representative of the daily practice. 3DUS performances should be concurrently compared with those of 2DUS and MRI in the general unselected population.

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