Pelvic ultrasound in the diagnosis of Deep Infiltrating Endometriosis

DR JONES & PARTNERS MEDICAL IMAGING

Taking pelvic ultrasound to the next level

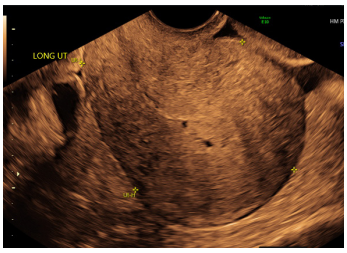
Real time functional assessment of the pelvis

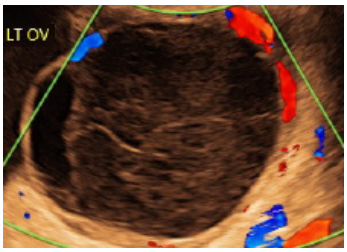
At Dr Jones & Partners we are committed to providing the best level of service to your patients. Many patients with pelvic pain and unsuspected endometriosis will have had a 'normal pelvic ultrasound' at some stage, contributing to the delayed diagnosis of this condition. This is because a general pelvic ultrasound will look at the anatomy of the pelvic organs, but not definitely assess for adhesions or deep infiltrating endometriosis (DIE).

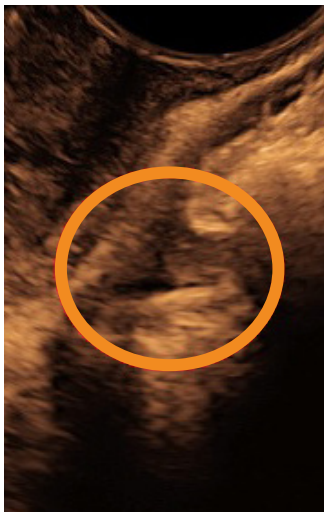
Deep infiltrating endometriosis is defined as endometriotic nodules 5mm or more beneath the peritoneum. It requires a high level of laparoscopic surgery skill for its removal.

Identifying the location and size of the endometriotic lesions at ultrasound is of assistance to the gynaecological laparoscopists to tailor treatment and plan the appropriate surgical team.

An earlier diagnosis of endometriosis allows patients to seek appropriate treatment which has long term benefits.







Ultrasound examination for Deep Infiltrating Endometriosis is a Dynamic Transvaginal scan which includes:

+ Uterus assessed for mobility and associated adenomyosis
+ Ovaries are examined for adhesions and endometriomas
+ Lower bowel is examined for endometriotic nodules
+ Vaginal wall, the retro-cervical space and Pouch of Douglas are examined for the presence of free fluid, adhesions and nodules
+ An assessment of locations of pelvic tenderness.

How To Refer

A pelvic ultrasound in the diagnosis of Deep infiltrating Endometriosis is Medicare rebated. It can be referred by both GPs and Specialists.

The referring clinician should specify either "Query Endometriosis" or "Dynamic Pelvic Ultrasound".

Patient Preparation – Standard preparation for a pelvic ultrasound. Patients are required to drink 1L of water, 1 hour prior to the exam. This scan can be uncomfortable for patients with disease.

Case Study 01

Clinical History	+ 41yo G6 P2 M4 referred for pelvic ultrasound following a 15 week IUFD
	+ Past history of endometriosis
Examination	Further history on questioning:
	+ Increasing menorrhagia and dysmenorrhoea. Recent onset of bowel pain with periods
	+ Focal tenderness in the posterior fossa. Left ovary fixed to uterus
Findings	+ Globular uterus
	+ Normal endometrial cavity with no evidence of septation or mullerian abnormality
	+ Haemorrhagic cyst within the left ovary
	+ Focal deep infiltrating endometriosis of the mid rectum
	+ Adhesions between the bladder and uterus
Conclusion	+ Adenomyosis
	+ Evidence of deep infiltrating endometriosis involving the bowel
	+ Haemorrhagic ovarian cyst
	+ Patient will require specialist gynaecology laparoscopy together with colorectal surgery

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