

# ENDOMETRIOSI PROFONDA ANTERIORE



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27|28 MAGGIO  
2022



# ENDOMETRIOSI DEL COMPARTO ANTERIORE



# PERCORSO DIAGNOSTICO

ANAMNESI



ESAME  
OBIETTIVO



ECOGRAFIA

SOSPETTO

SOSPETTO

DIAGNOSI

DIE

# CARATTERISTICHE ECOGRAFICHE



TUMEFAZIONI  
IPOECOGENE



FISSE,  
DOLENTI



MARGINI SFUMATI (iperecogeni)



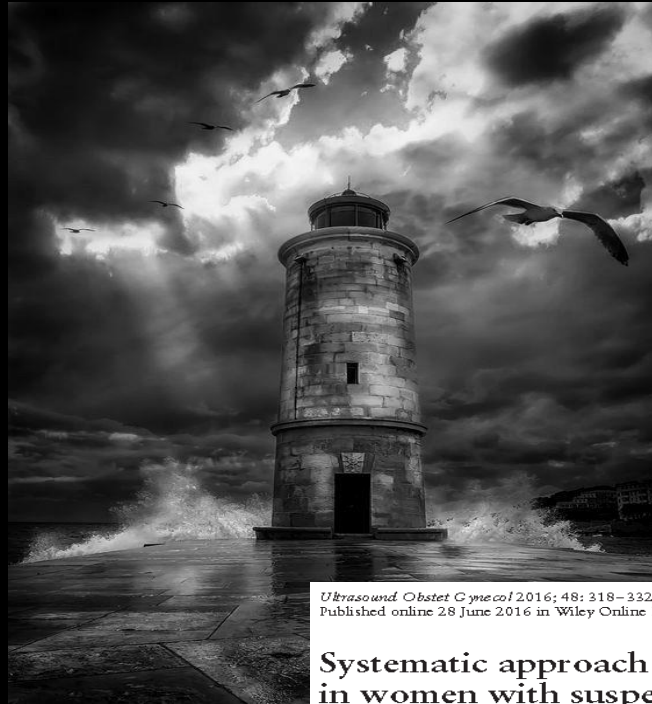
SCARSAMENTE  
VASCOLARIZZATE

Har-low  
100 G  
Gn 3  
C5 / M5  
FF3 / E1  
SRI II 3 / CR12

8.10 - 2.10  
100 G  
Gn 0  
C8 / M5  
PS / ES  
SRI II 3

8.10 - 2.10  
100 G  
Gn 0  
C8 / M5  
PS / ES  
SRI II 3

# IDEA . . . IL FARO



*Ultrasound Obstet Gynecol* 2016; 48: 318–332

Published online 28 June 2016 in Wiley Online Library (wileyonlinelibrary.com). DOI:10.1002/ulog.15955



## Systematic approach to sonographic evaluation of the pelvis in women with suspected endometriosis, including terms, definitions and measurements: a consensus opinion from the International Deep Endometriosis Analysis (IDEA) group

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# ECOGRAFIA PELVICA

## «STEP BY STEP»

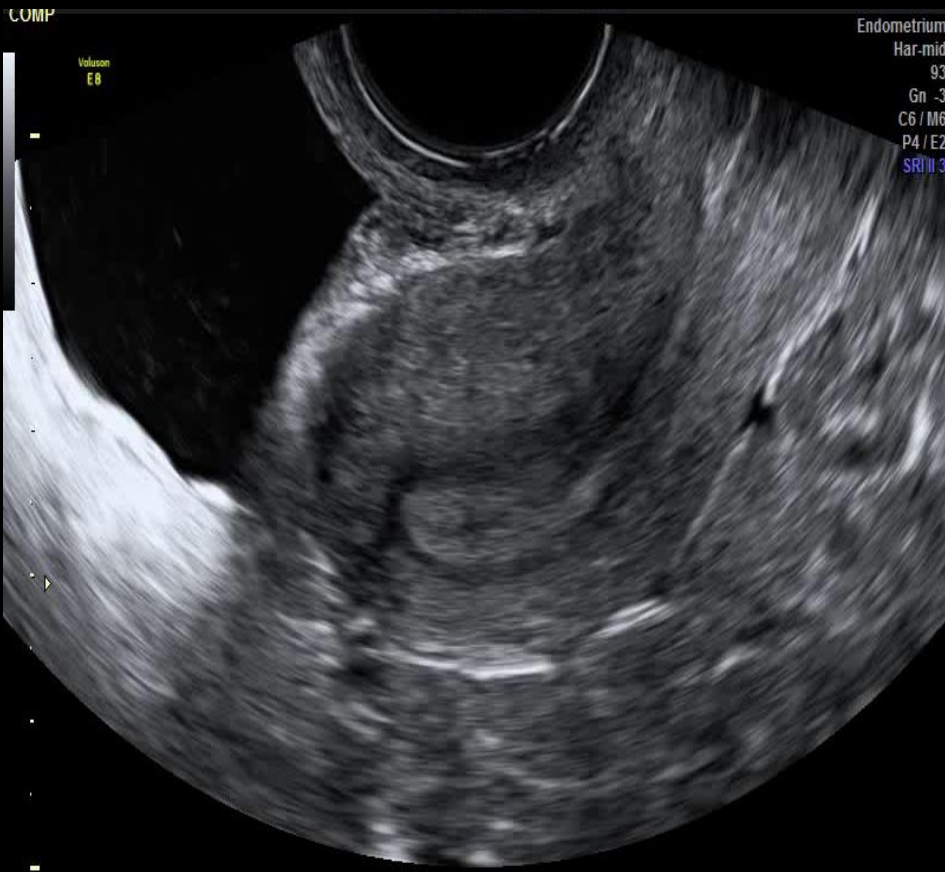
**PRIMO STEP:** esecuzione di esame di routine con valutazione di utero e annessi

**SECONDO STEP:** ricerca dei «soft markers»

**TERZO STEP:** valutazione dello «sliding sign»

**QUARTO STEP:** valutazione dei comparti anteriore e posteriore della pelvi

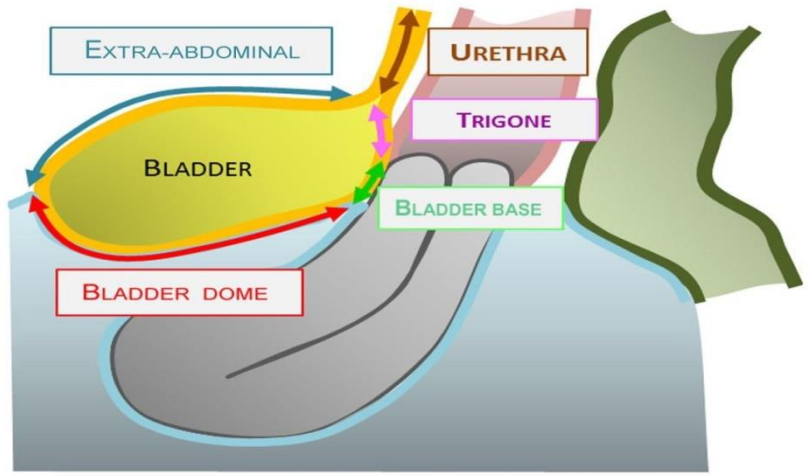
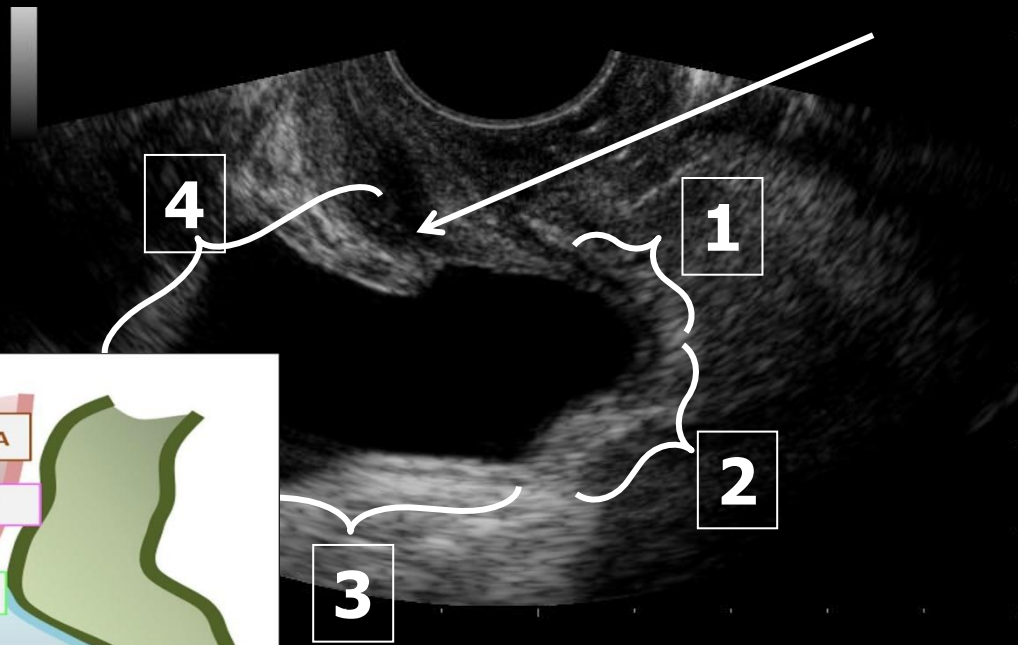
# «SLIDING SIGN»



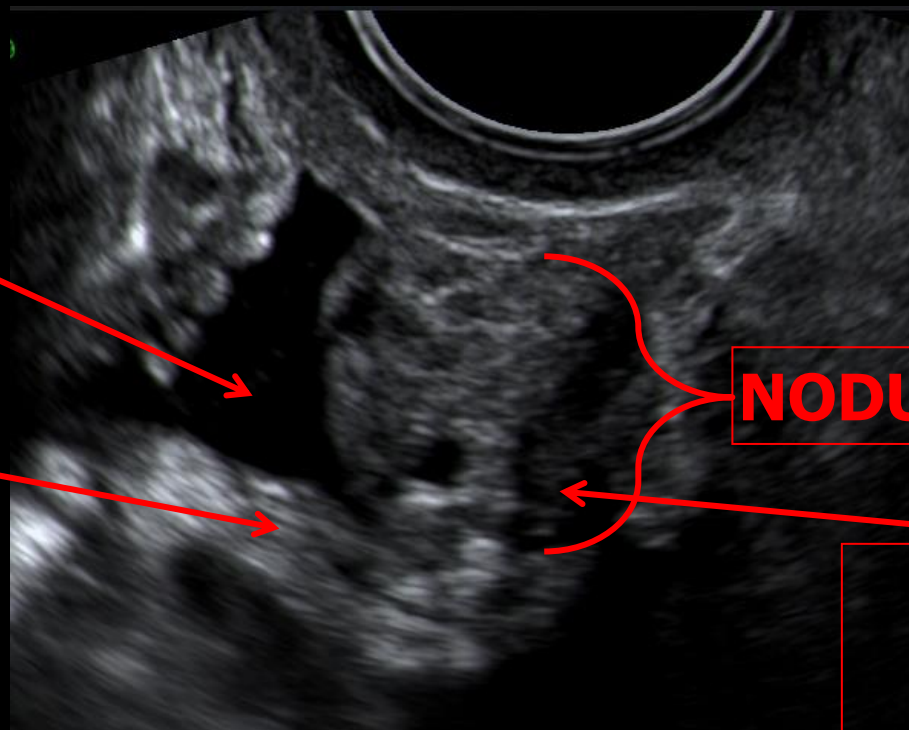
# VESCICA NORMALE

Uretra

1. Trigono
2. Base
3. Cupola
4. Vescica extra-addominale







LUME  
CUPOLA  
VESCICALE

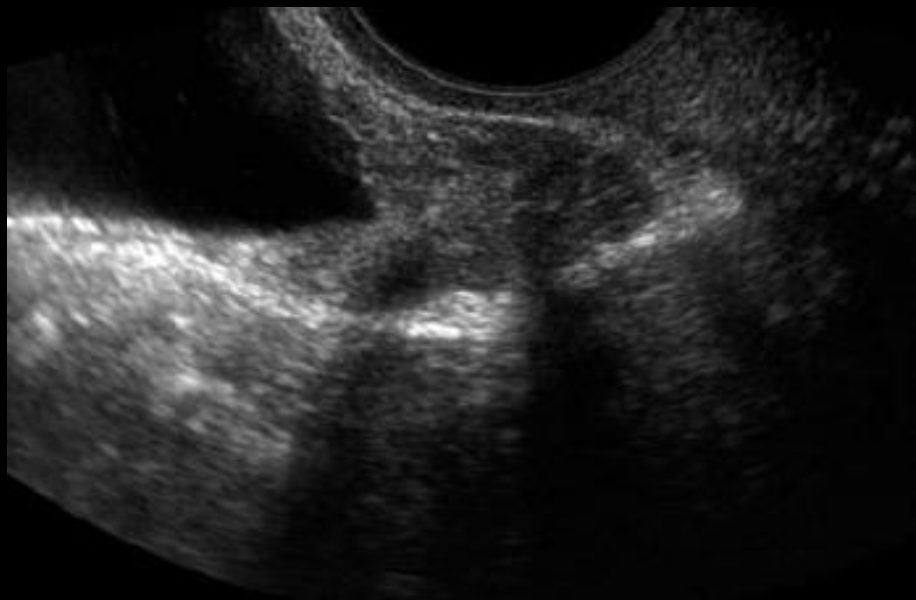
**NODULO**

**MUSCOLARE**

INFILTRATA  
DA PARTE DI  
GHIANDOLE E  
STROMA  
ENDOMETRIALE

## Diagnostic accuracy and potential limitations of transvaginal sonography for bladder endometriosis

L. SAVELLI, L. MANUZZI, P. POLLASTRI, M. MABROUK, R. SERACCHIOLI and S. VENTUROLI  
*Gynecology and Reproductive Medicine Unit, S. Orsola-Malpighi Hospital, University of Bologna, Bologna, Italy*



Forma a virgola (66.3%)



Forma nodulare (33.7%)

Voluson™  
E6  
COMP

RIC5-9-D/GIN  
5.0cm / 1.6 / 23Hz

MI 1.0  
TIs 0.1

Endometrium  
Har-mid  
93  
Gn -2  
C8 / M5  
FF3 / E2  
SRI II 0 / CRI 2



COMP

Voluson  
P8

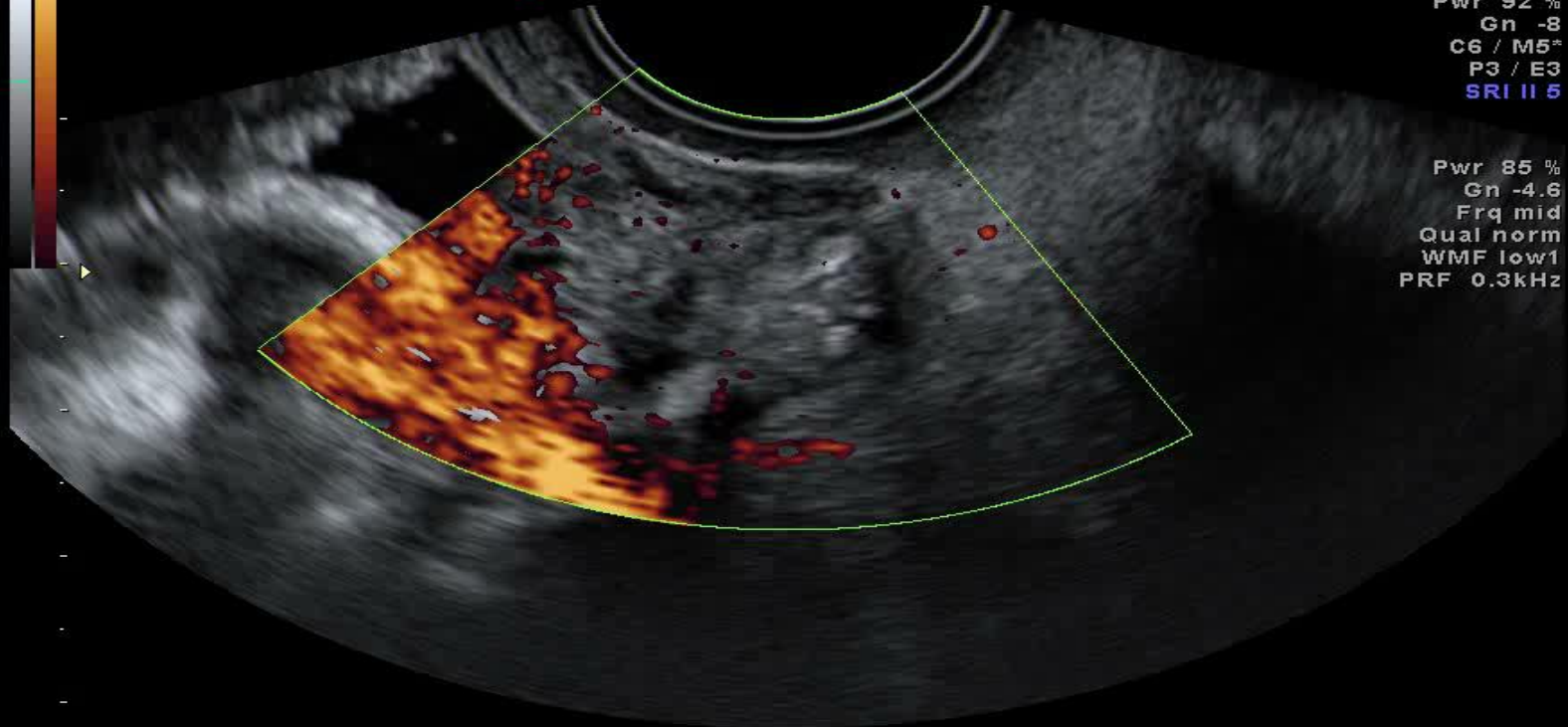
Gyn  
8.10 - 2K10  
100E  
Gn -2  
C6 / M7  
P3 / E3  
SRI II 5



COMF



E6



Uterus  
Har-mid  
Pwr 92 %  
Gn -8  
C6 / M5<sup>+</sup>  
P3 / E3  
SRI II 5

Pwr 85 %  
Gn -4.6  
Frq mid  
Qual norm  
WMF low1  
PRF 0.3kHz

# URETERE NORMALE

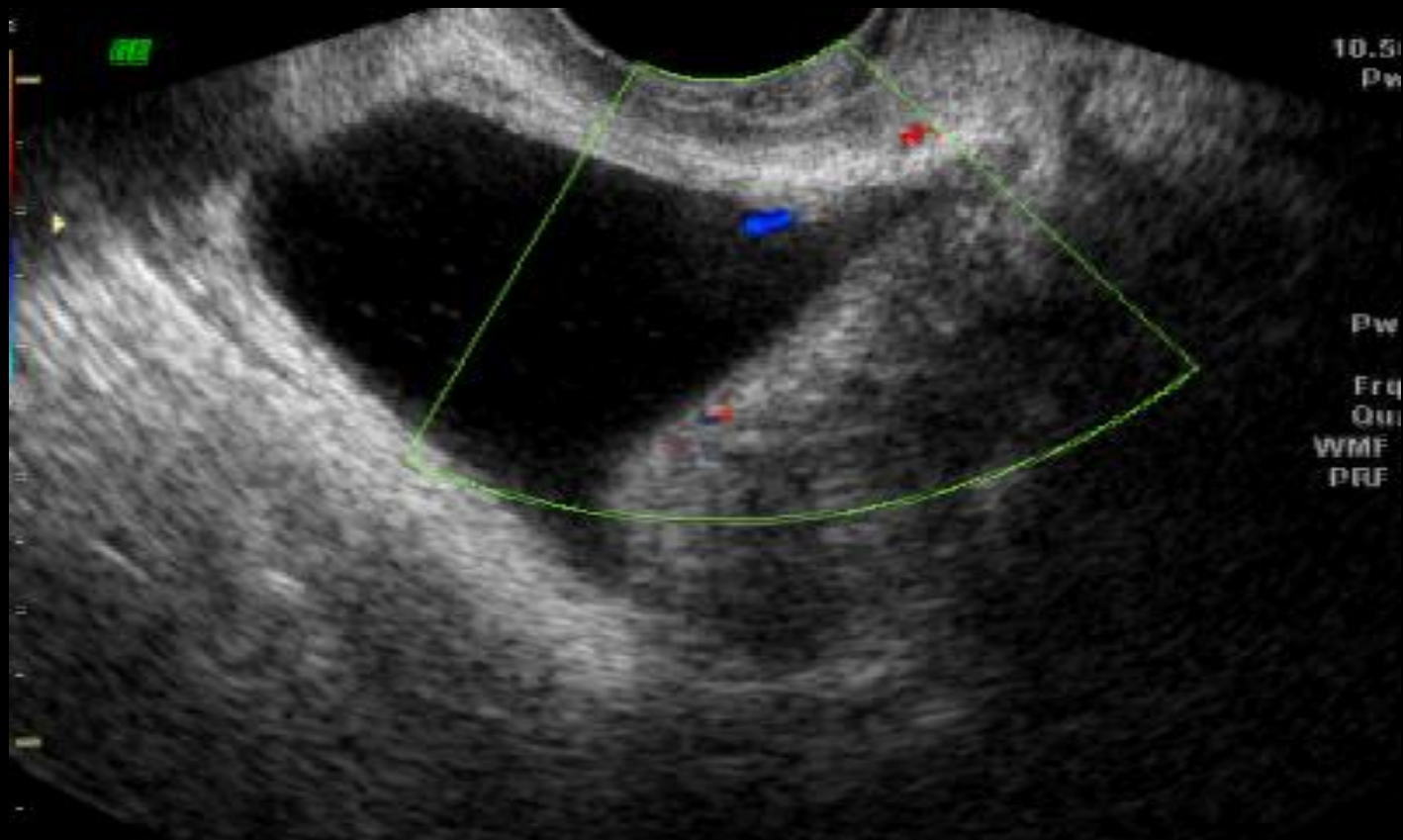
PRIMO TRATTO



SECONDO TRATTO



# «URETERAL JET»



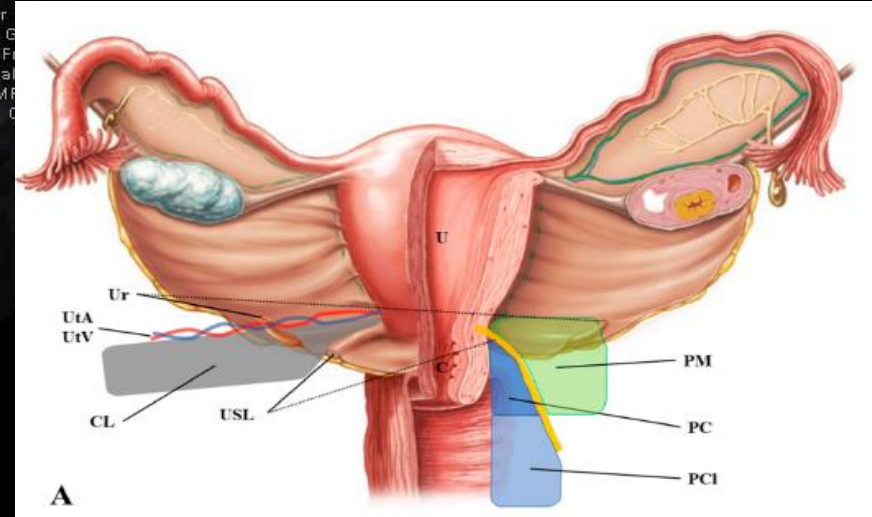
# ENDOMETRIOSI URETERALE

- 10-14% delle pazienti con endometriosi profonda ha coinvolgimento ureterale
- Gli ureteri possono essere coinvolti direttamente (endometriosi intrinseca) o indirettamente (endometriosi estrinseca)
- *Coinvolgimento silente* e possibile progressione con danni irreversibili ai reni

Donnez et al, 2002  
Seracchioli et al, 2010  
Seracchioli et al, 2015



# PARAMETRIO





# ENDOMETRIOSI DEL PARAMETRIO (i)

- 17% delle pazienti con endometriosi profonda ha coinvolgimento del parametrio
- Spesso sintomatologia aspecifica
- Coinvolgimento simultaneo del comparto posteriore e laterale

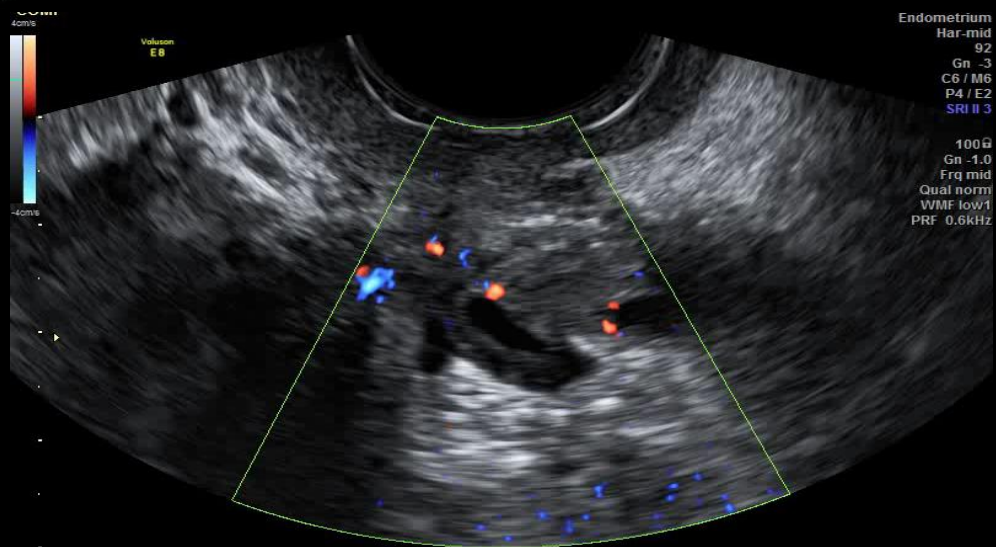
Mabrouk M et al. JMIG 2018  
Bazot M et al Hum Reprod 2012  
Arena A et al, Fert & Ster 2021

# ENDOMETRIOSI DEL PARAMETRIO (ii)

- Diagnosi difficile...ma FONDAMENTALE!
- Nella maggior parte indistinguibili dai noduli ureterali
- Noduli di aspetto lievemente diverso rispetto ai noduli del comparto posteriore
- Il coinvolgimento del parametrio trasformerà una chirurgia difficile in...estremamente difficile

2D G55/DR123/FA10/P90/Frq Pen./5.0cm





Voluson™  
E6  
COMP

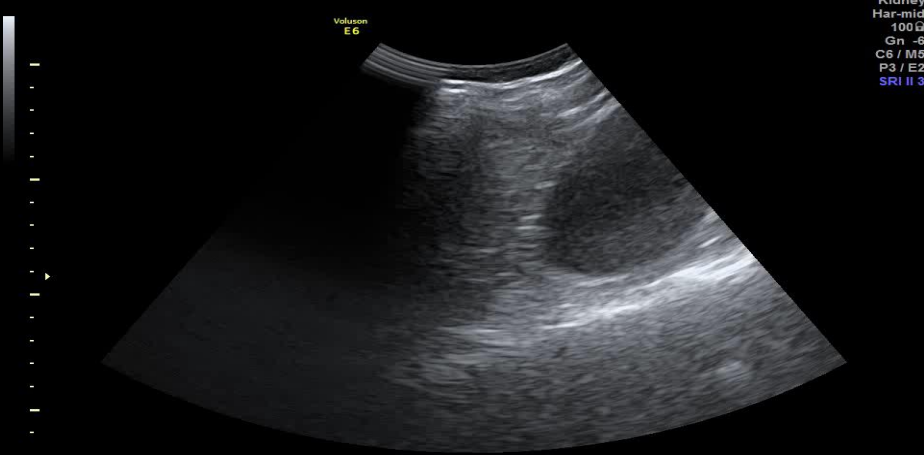
RIC5-9-D/GIN MI 0.9  
8.0cm / 1.7 / 35Hz TIs 0.2



GYN\_CRI  
10.00 - 2.20  
95  
Gn -11  
C6 / M4  
FF1 / E1  
SRI II 3 / CRI 3

Voluson™  
E6  
COMP

C1-5-D/ABD MI 1.2  
16.8cm / 1.1 / 19Hz TIs 0.2

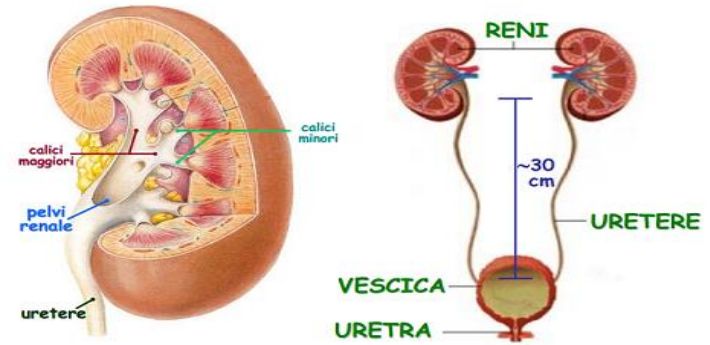


Kidney  
Har-mid  
100Ω  
Gn -6  
C6 / M5  
P3 / E2  
SRI II 3






# Rene e quarto tratto dell'uretere

GE

uterus  
Har-basso  
Pwr 100  
Gn 2  
C8 / M4  
P5 / E1



# Grading system of Hydronephrosis (Block B, 2011)

Grade	Description	US parameters (AP)*
0	No dilatation, calyceal walls are apposed to each other	
1 (mild)	Dilatation of the renal pelvis without dilatation of the calyces (can also occur in the extrarenal pelvis), no parenchymal atrophy	<p data-bbox="1615 364 1760 394">&lt; 10 mm</p> 
2 (mild)	Moderate dilatation of the renal pelvis (mild) and calyces, no parenchymal atrophy	<p data-bbox="1615 547 1760 576">&lt; 10 mm</p> 
3 (moderate)	Moderate dilatation of the renal pelvis and calyces blunting of fornices and flattening of papillae, mild cortical thinning may be seen	<p data-bbox="1615 699 1769 729">12-20 mm</p> 
4 (severe)	Gross dilatation of the renal pelvis, which appear ballooned loss of borders between the renal pelvis and calyces, renal atrophy seen as cortical thinning	<p data-bbox="1615 885 1760 915">&gt; 20 mm</p> 

69°/1.2  
Kidney/ABD  
HI H PI 7.00 - 2.80  
Gn - 5  
C7.0/M4  
FF2/E3  
SRI II 5°/CRI 2

Voluson  
E8

dx

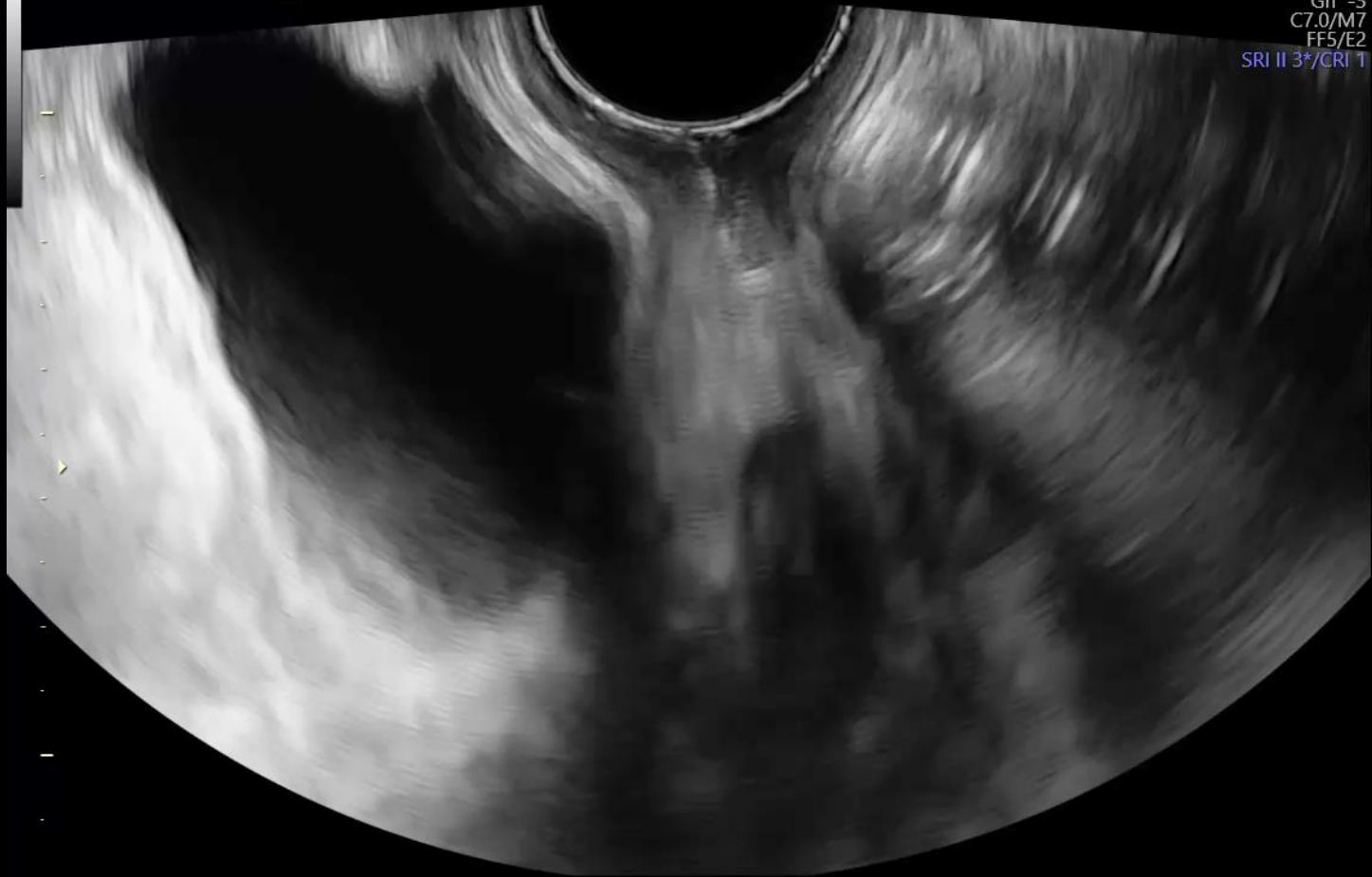
Voluson  
E8

1  
2



Voluson  
E8

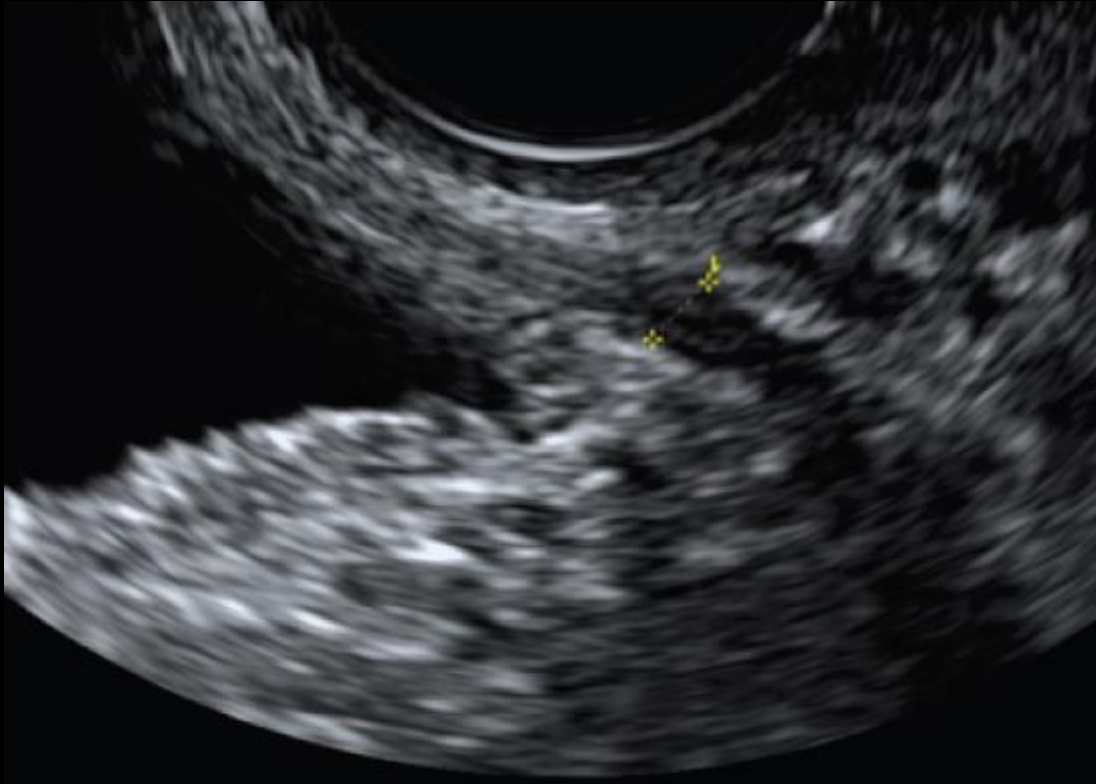
1707/1.5  
Penetration/GYN  
P 8.10 - 3.00  
Gn -3  
C7.0/M7  
FF5/E2  
SRI II 3\*/CRI 1





# MISURAZIONE DELL'URETERE

(«How to assess the ureters during pelvic ultrasound»  
E. Bean, D. Jurkovic, UOG April 2019)



- Sezione longitudinale a livello dell'intersezione dell'uretere con l'arteria uterina
- Non esiste un consenso sul cut-off
- $\geq 6$  mm