ReachMD
Be part of the knowledge.

TRANSCRIPT

Transcript Details

This is a transcript of a continuing medical education (CME) activity. Additional media formats for the activity and full activity details (including sponsor and supporter, disclosures, and instructions for claiming credit) are available by visiting:
https://reachmd.com/programs/cme/clinical-considerations-for-the-diagnosis-of-endometriosis/26289/

Released: 08/09/2024
Valid until: 08/09/2025
Time needed to complete: 1h 44m

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Clinical Considerations for the Diagnosis of Endometriosis

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCE curriculum.

Prior to beginning the activity, please be sure to review the faculty and commercial support disclosure statements as well as the learning objectives.

Dr. Bradley:
This is CME on ReachMD, and I'm Dr. Linda Bradley. Here with me today is Dr. James Simon.

Dr. Simon:
It's great to be here with you today, Linda.

Dr. Bradley:
Jim, what are some of the key clinical findings that should raise suspicions for an endometriosis diagnosis?

Dr. Simon:
Linda, the symptoms of endometriosis are really quite diffuse and they often overlap with other problems, making a diagnosis of endometriosis from symptomatology much more complicated.

They largely focus around the menstrual period, namely menstrual-associated pain or premenstrual bleeding-associated pain, and other symptoms. The symptoms might be aggregated into categories, pain symptoms, for example, like dysmenorrhea, dyspareunia, and dysuria, and oftentimes with later disease or deep penetrating disease, dyschezia as well.

The other category might be psychosocial. That is to say, depression, anxiety, feelings of being powerless against this pain. And then finally, the resultant issues related to the pain and quality of life impact, loss of intimacy, loss of work productivity, increased absenteeism at work, and the financial issues related to those quality of life and work-life balance problems. These collectively could be considered the "diagnostic" symptomatology for endometriosis.

Dr. Bradley:
So, Jim, once a suspicion for endometriosis diagnosis exists, what's next?

Dr. Simon:
Linda, once you've reviewed these symptoms or the patients provided a list of them to you and you suspect endometriosis, there are a number of noninvasive approaches to trying to make the diagnosis. These include ultrasound and MRI imaging, but they're not always sufficient to make a diagnosis. When endometriosis is present in a cystic form within the ovary, an endometrioma, both MRI and ultrasound can clearly identify the so-called geographic cysts, which have a very clear visualization on ultrasound, and make a presumptive diagnosis of endometriosis.

In addition, both ultrasound and MRI imaging can find deep pelvic endometriosis, which has a fairly classic appearance using those imaging techniques and often correlates with findings on exam suggestive of endometriosis as well.

Linda, in your experience, what do you find to be beneficial or maybe deceptive about endometriosis as it relates to ultrasound and MRI imaging?

Dr. Bradley:
The argument comes from a wide validation of suitability. Validation of transvaginal ultrasound and MRI in supporting a clinical diagnosis of endometriosis. Briefly, there's high specificity and sensitivity in endometriosis. Overall, there's high accuracy and it's very cost effective and easily scheduled.

On the other hand, for MRI, images that are obtained appear the same to all viewers. There's overall high accuracy in the diagnosis of endometriosis. It allows anatomic mapping. It provides visual evidence to patients. Also, there have been a couple of studies recently by Bausic and colleagues. This was in 2022. And in that article, they stated that for patients suspected of having deep pelvic endometriosis, transvaginal ultrasound should be the first line of diagnosis.

When you're thinking about torus or uterosacral ligament endometriosis, intestinal and bladder endometriosis, these lesions are best diagnosed using MRI. And for intestinal or rectal nodules, as well as rectovaginal septum nodules, MRI should be the imaging tool of choice.

Also, there's an article by Testini and colleagues also from 2022 that discussed this. And they basically said that imaging techniques, in particular ultrasound and MRI, constitute the gold standard for diagnosis.

And in Quesada and colleagues' article, they mentioned that transvaginal ultrasound is the first-line imaging modality to identify endometriosis and that MRI is complementary to ultrasonography.

Jim, I want to thank you for participating in this episode today.

Dr. Simon:
It's been my pleasure, Linda.

Dr. Bradley:
Well, Jim, this has been a great discussion on clinical considerations to make a diagnosis of endometriosis and helps to develop and determine a place for noninvasive imaging to assist these efforts. Unfortunately, our time is up. Thanks for listening and have a great day.

Announcer:
You have been listening to CME on ReachMD. This activity is provided by Omnia Education and is part of our MinuteCE curriculum.

To receive your free CME credit, or to download this activity, go to ReachMD.com/Omnia. Thank you for listening.