

Place et apport de l'échoendoscopie dans l'endométriose digestive

SIFEM 2024 Nantes

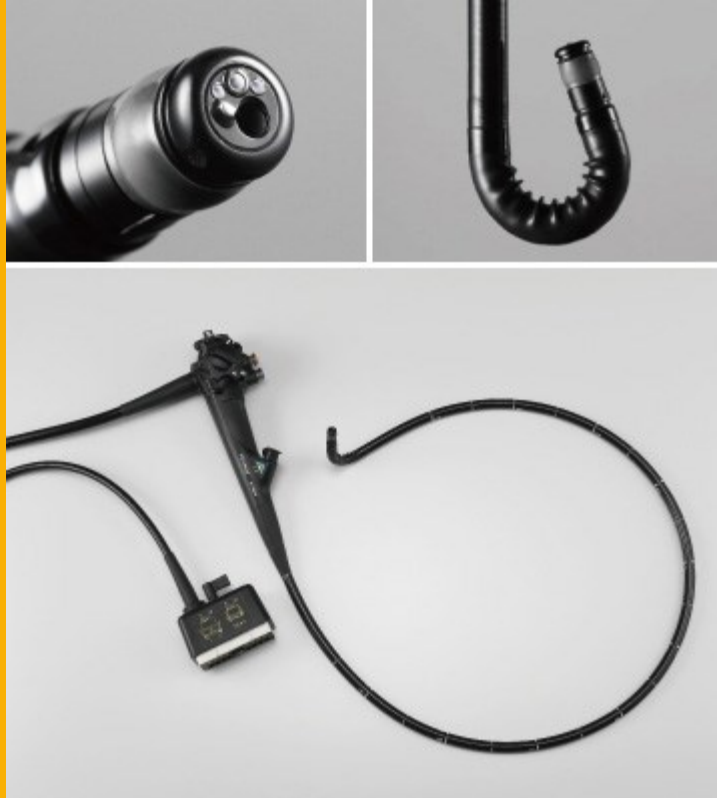
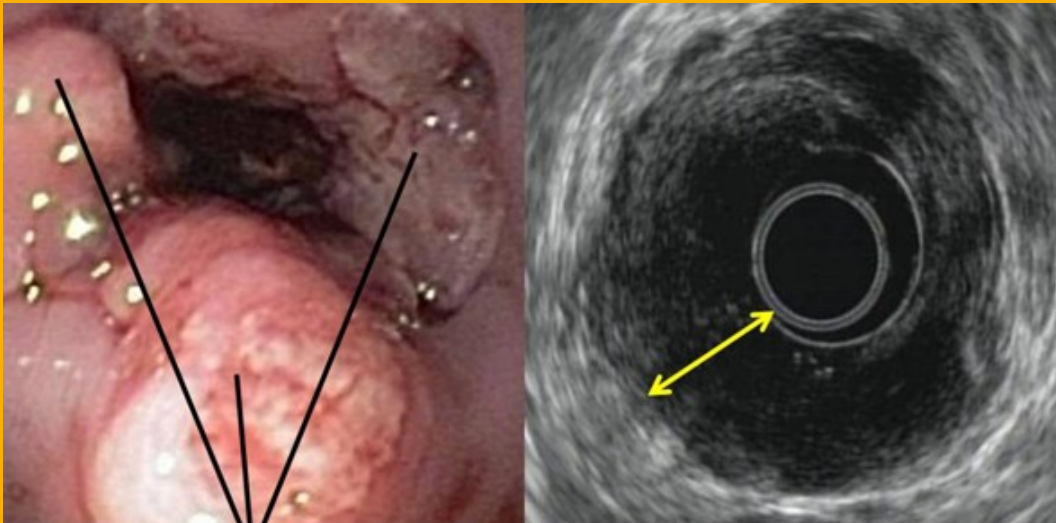


Dr Olivier PATRON
Hépatogastroentérologue
Santé Atlantique (Saint Herblain)

Matériel

Echoendoscope radial

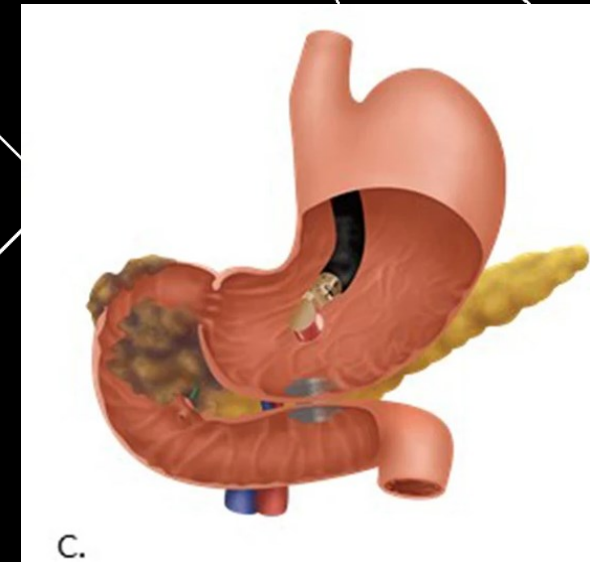
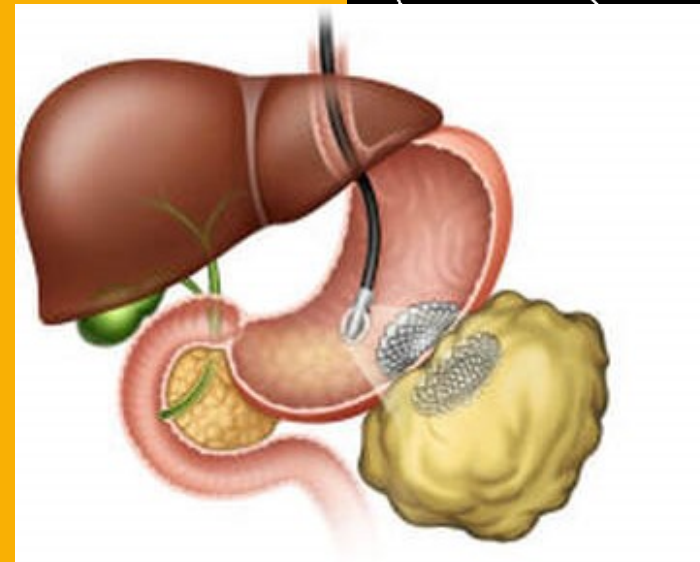
fonction diagnostique



Matériel

Echoendoscope linéaire

fonction diagnostique et thérapeutique



Déroulement de l'examen

Préparation par Normacol®

Décubitus latéral gauche ou dorsal

Endoscopie recto-sigmoïdienne

Sans anesthésie sauf si douleur

Durée: 10 à 15 minutes



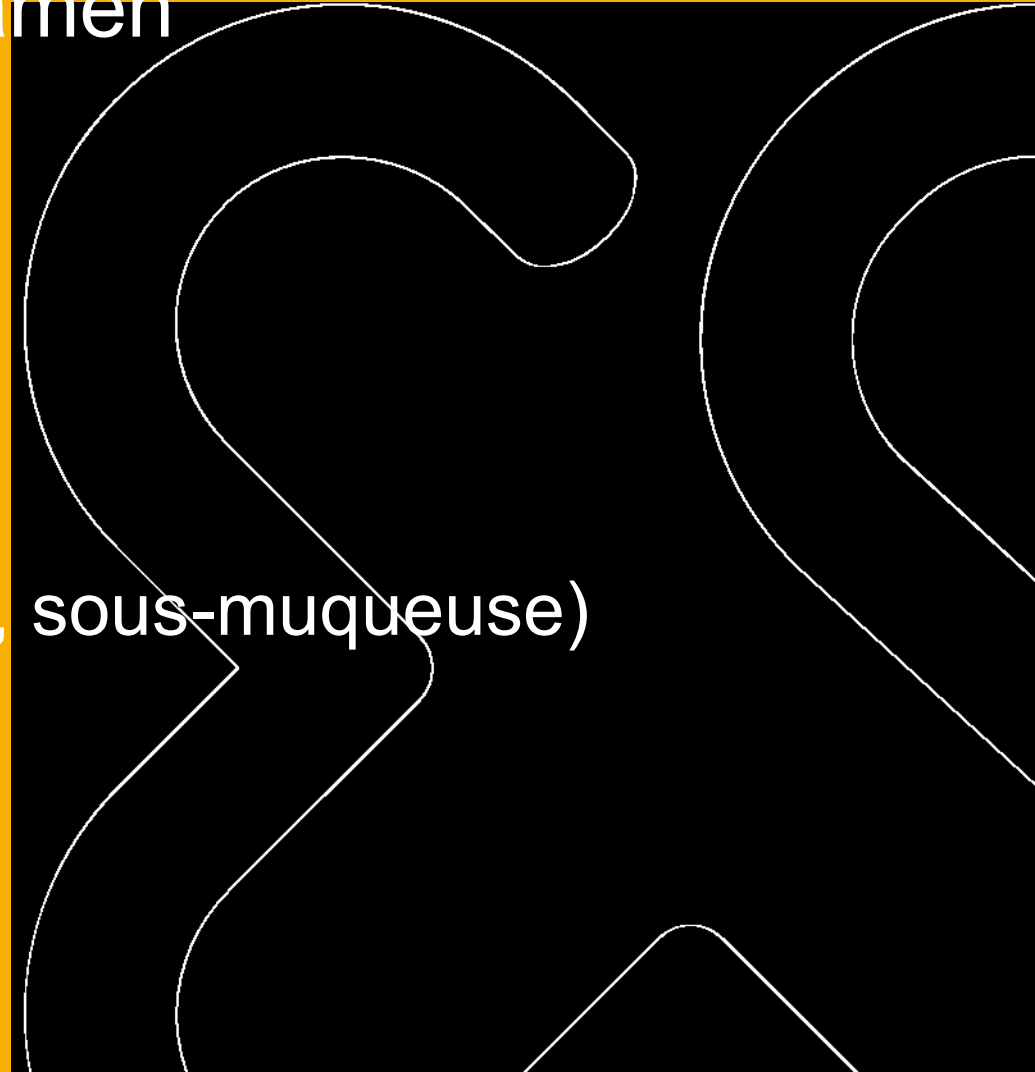
Résultats de l'examen

Dimensions (axiales et hauteur)

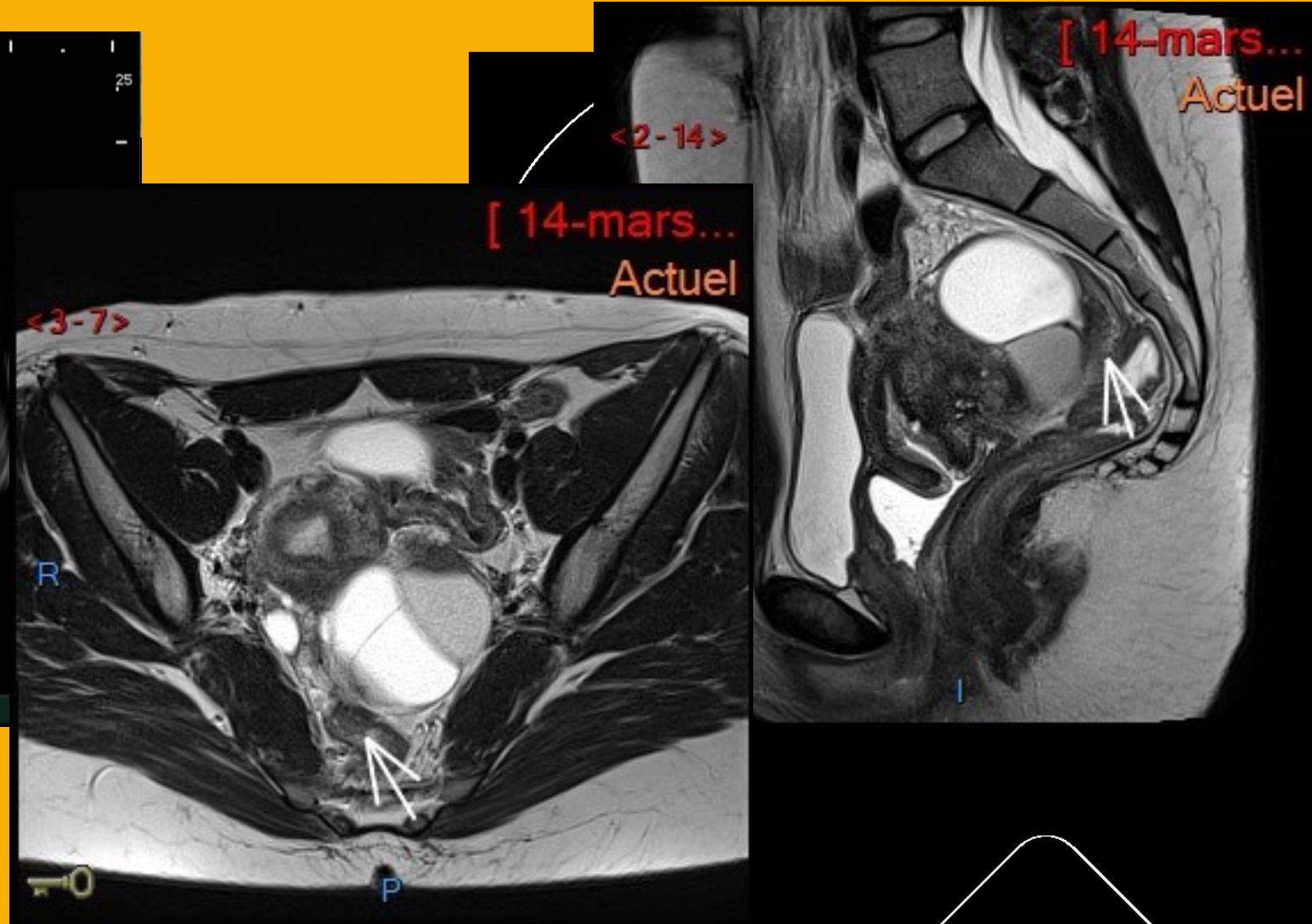
Degré de circonférence

Degré d'infiltration pariétale (musculaire, sous-muqueuse)

Distance par rapport à la marge anale



Place et apport de l'échoendoscopie dans l'endométriose digestive



EG-580UR
MI:0.3
TIs:0.1
AP:100%
D:30mm



FR:25.9Hz **B** FB:10.0M G:48 DR:60 1540m/s E:4 P:4 M:G7 SR:2 S:2

F1:TH

F2:CH

F3:CHI

F4:Touchpad Func

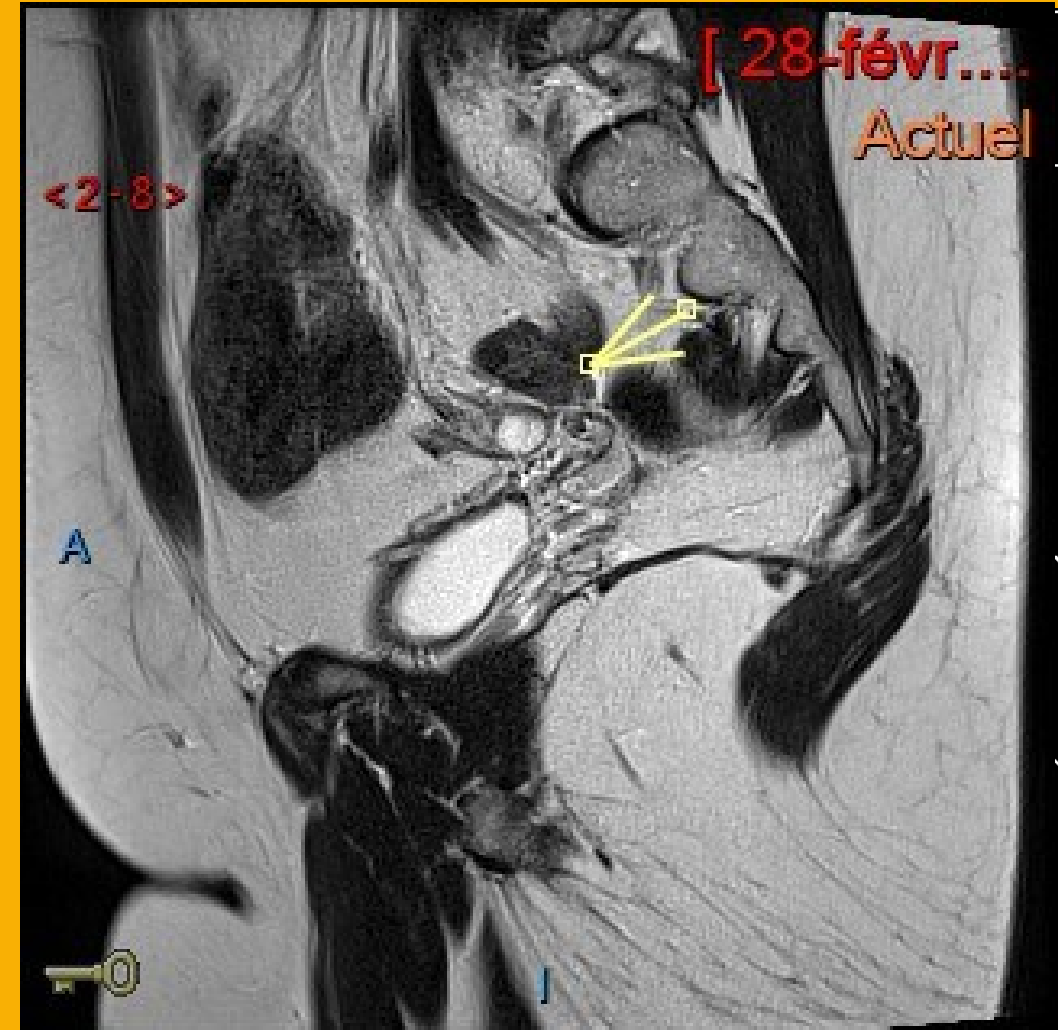


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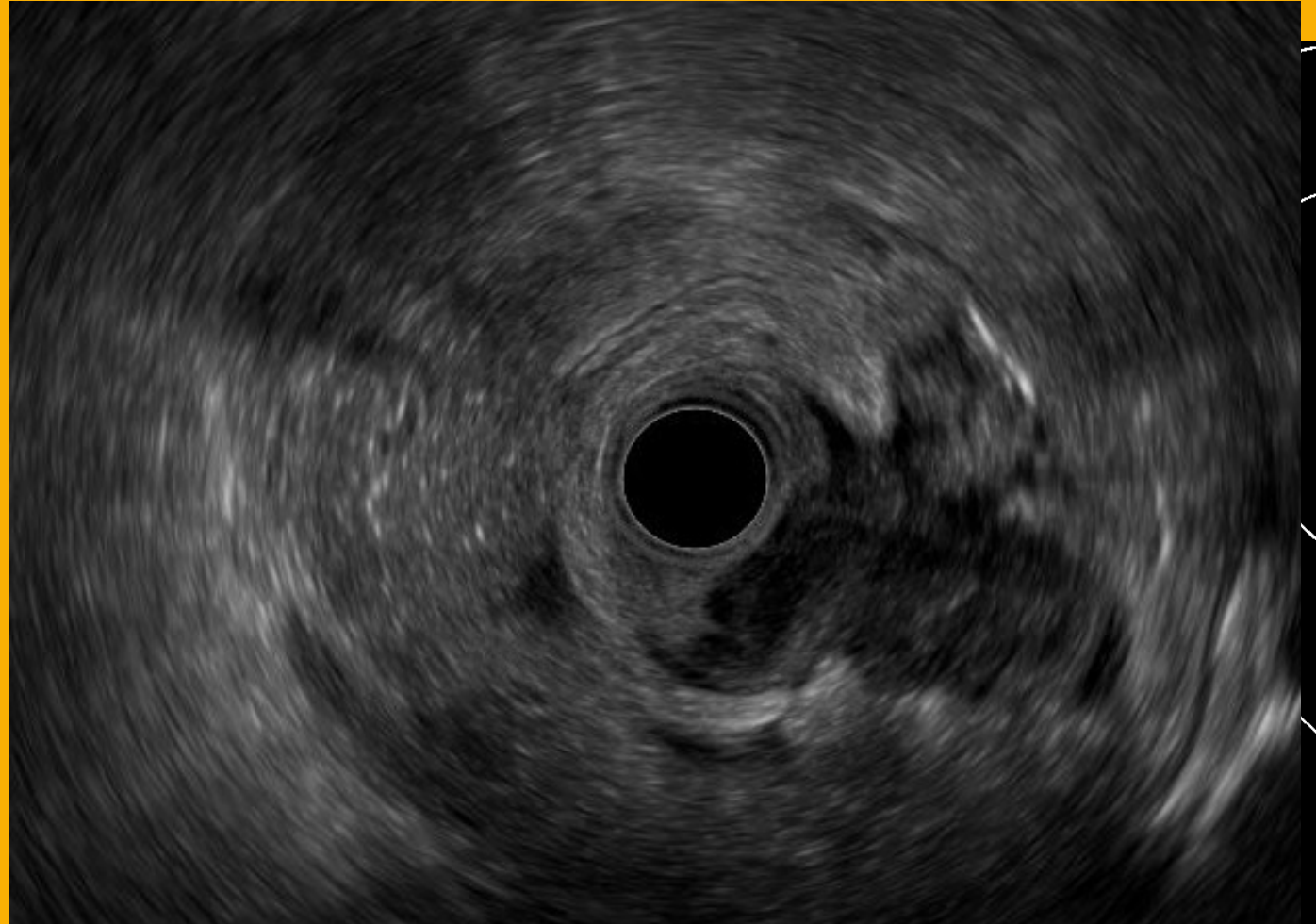


74%

Place et apport de l'échoendoscopie dans l'endométriose digestive



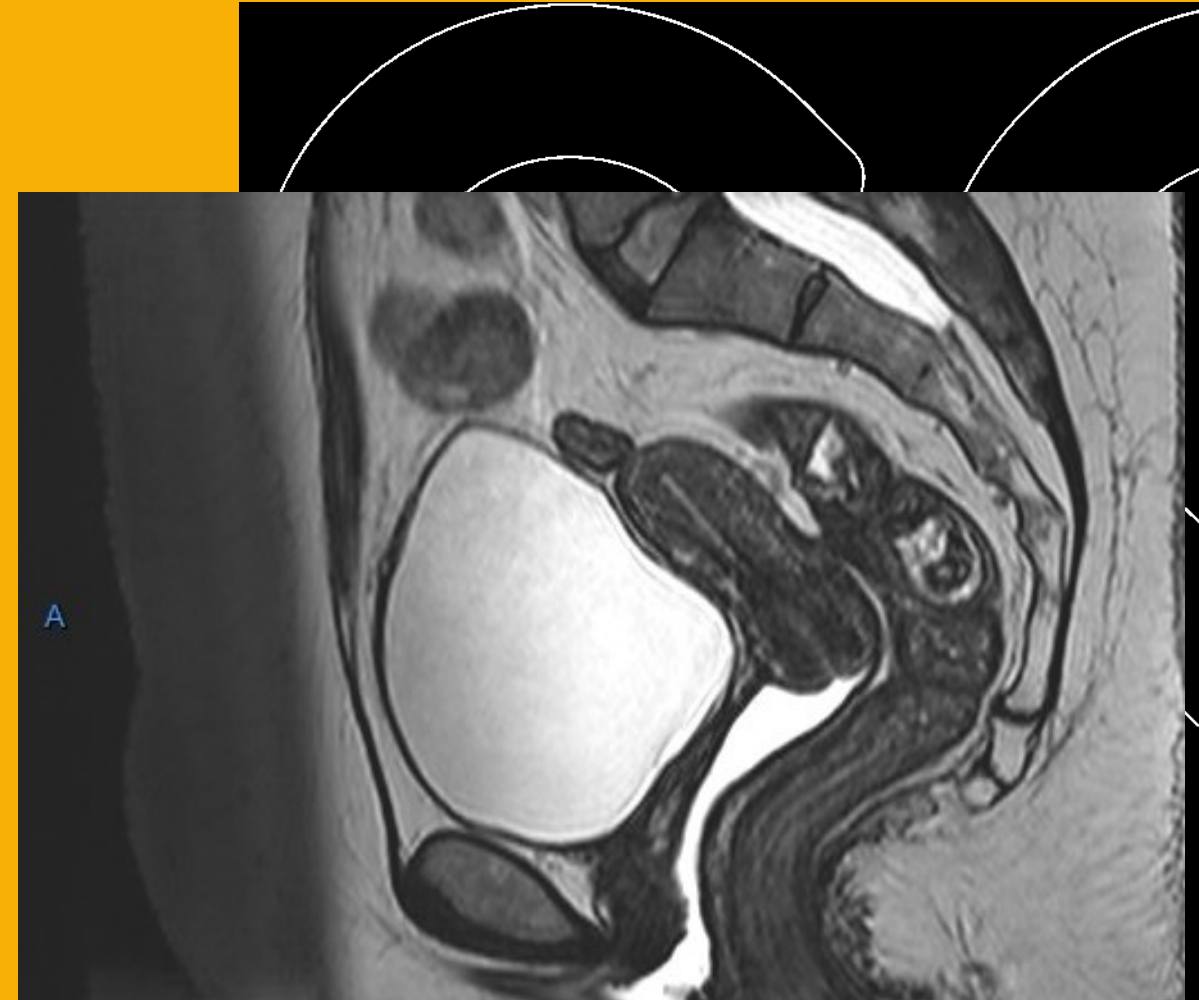
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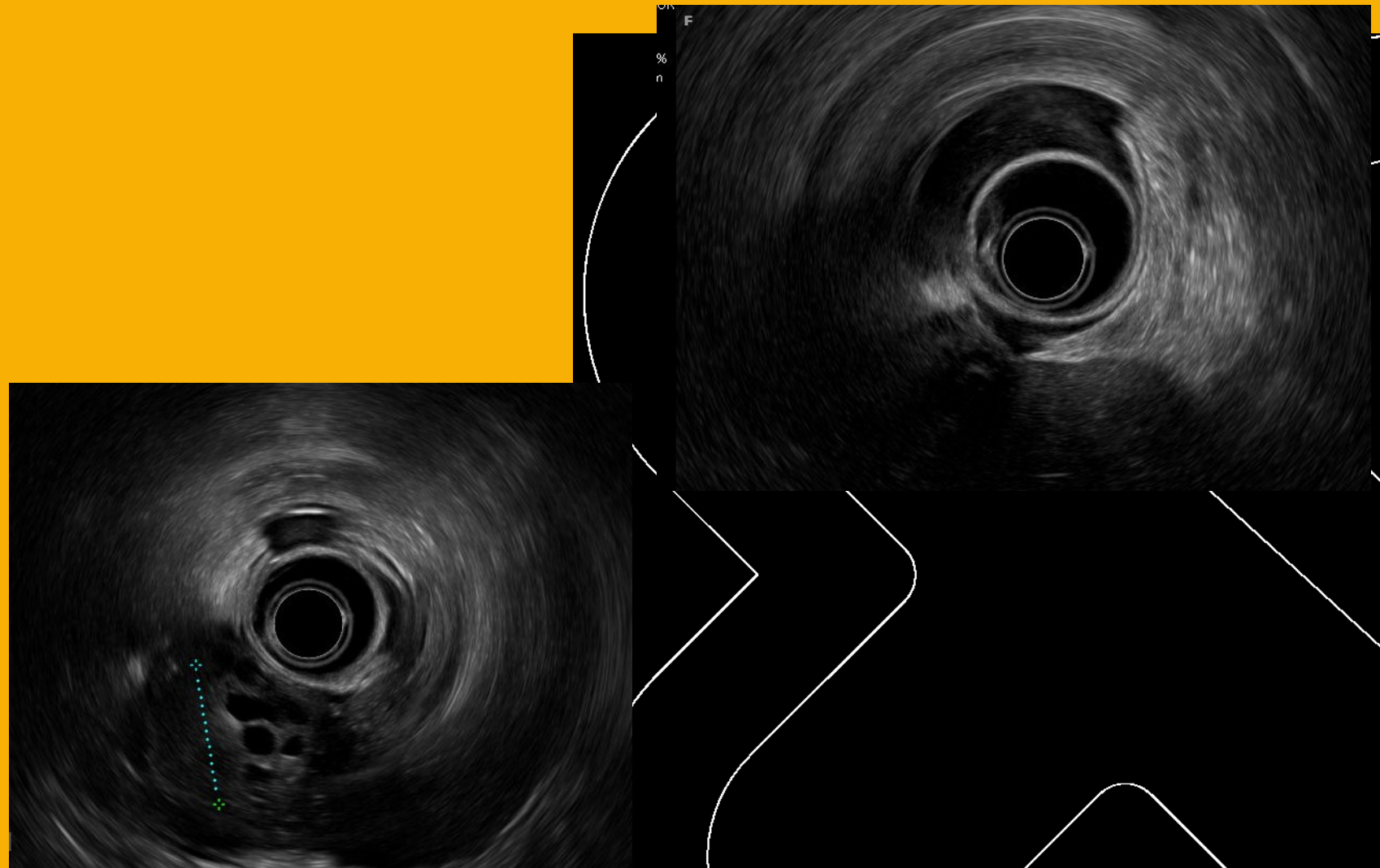
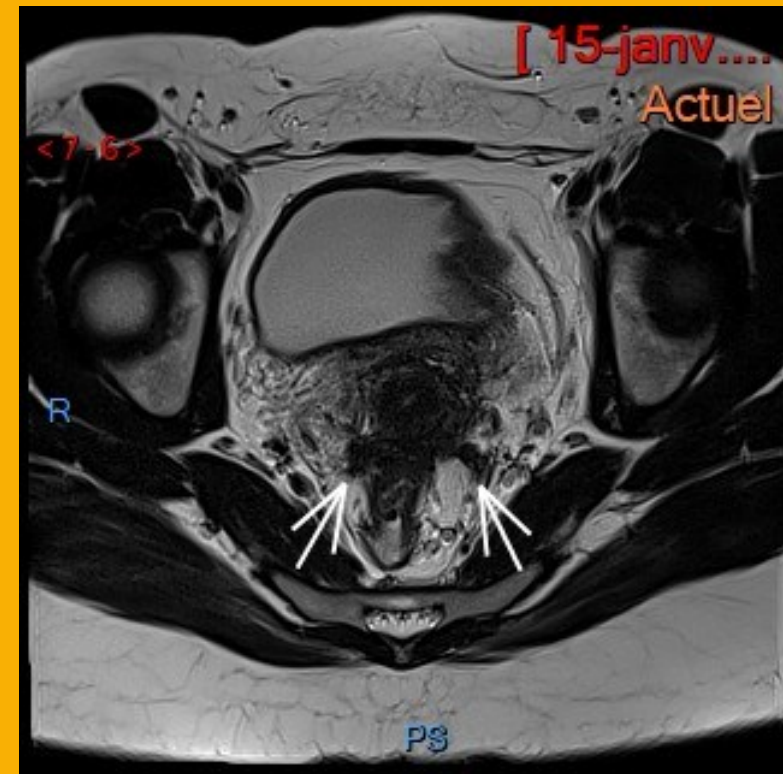
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Place et apport de l'échoendoscopie dans l'endométriose digestive



Place et apport de l'échoendoscopie dans l'endométriose digestive



Performance

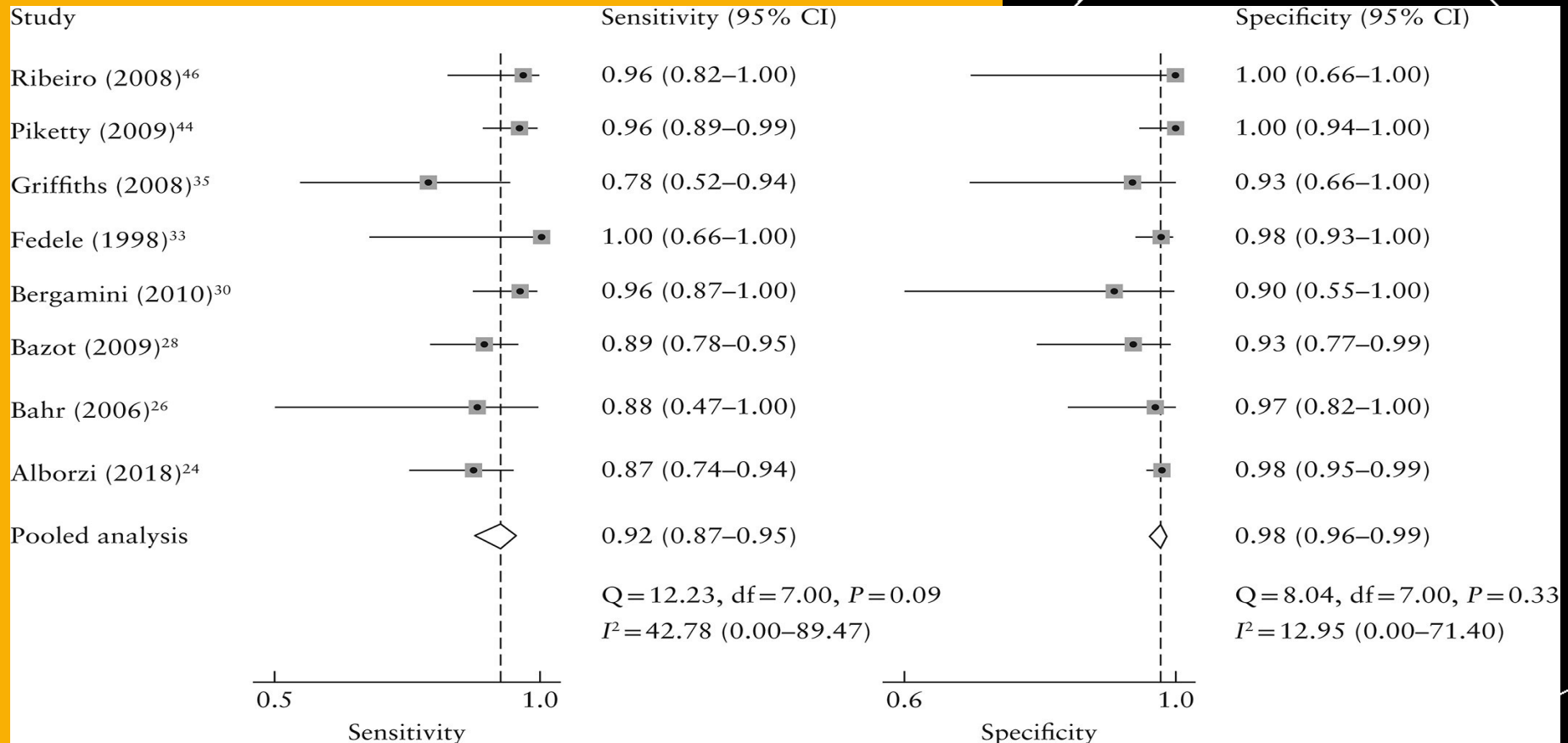
Table 1 Summary pooled results of preoperative diagnostic accuracy of different imaging modalities for detection of rectal/rectosigmoid deep endometriosis

<i>Imaging technique</i>	<i>Studies (n)</i>	<i>Patients (n)</i>	<i>Sensitivity (%) (95% CI)</i>	<i>Specificity (%) (95% CI)</i>	<i>DOR (95% CI)</i>	<i>AUC (95% CI)</i>
TVS						
Overall	21	2857*	89 (83–92)	97 (95–98)	264 (113–614)	0.98 (0.96–0.99)
Standard 2D-TV	13	2002	84 (76–90)	97 (94–99)	168 (56–501)	0.97 (0.95–0.98)
TVS-RWC	5	502	88 (80–93)	97 (93–98)	214 (80–572)	0.98 (0.96–0.99)
MRI						
Overall	7	852	86 (79–91)	96 (94–97)	144 (70–297)	0.97 (0.95–0.98)
Standard 2D-MRI	7	813	83 (77–90)	96 (93–97)	125 (64–243)	0.96 (0.94–0.98)
CT	6	402	93 (84–97)	95 (81–99)	280 (28–2826)	0.98 (0.96–0.99)
RES	8	850	92 (87–95)	98 (96–99)	455 (196–1054)	0.99 (0.97–0.99)

*Corresponding to 3055 examinations owing to some studies performing more than one transvaginal ultrasound (TVS) technique in the same patients^{37,50}. 2D, two-dimensional; AUC, area under receiver-operating-characteristics curve; CT, computed tomography; DOR, diagnostic odds ratio; MRI, magnetic resonance imaging; RES, rectal endoscopic sonography; RWC, rectal water contrast.

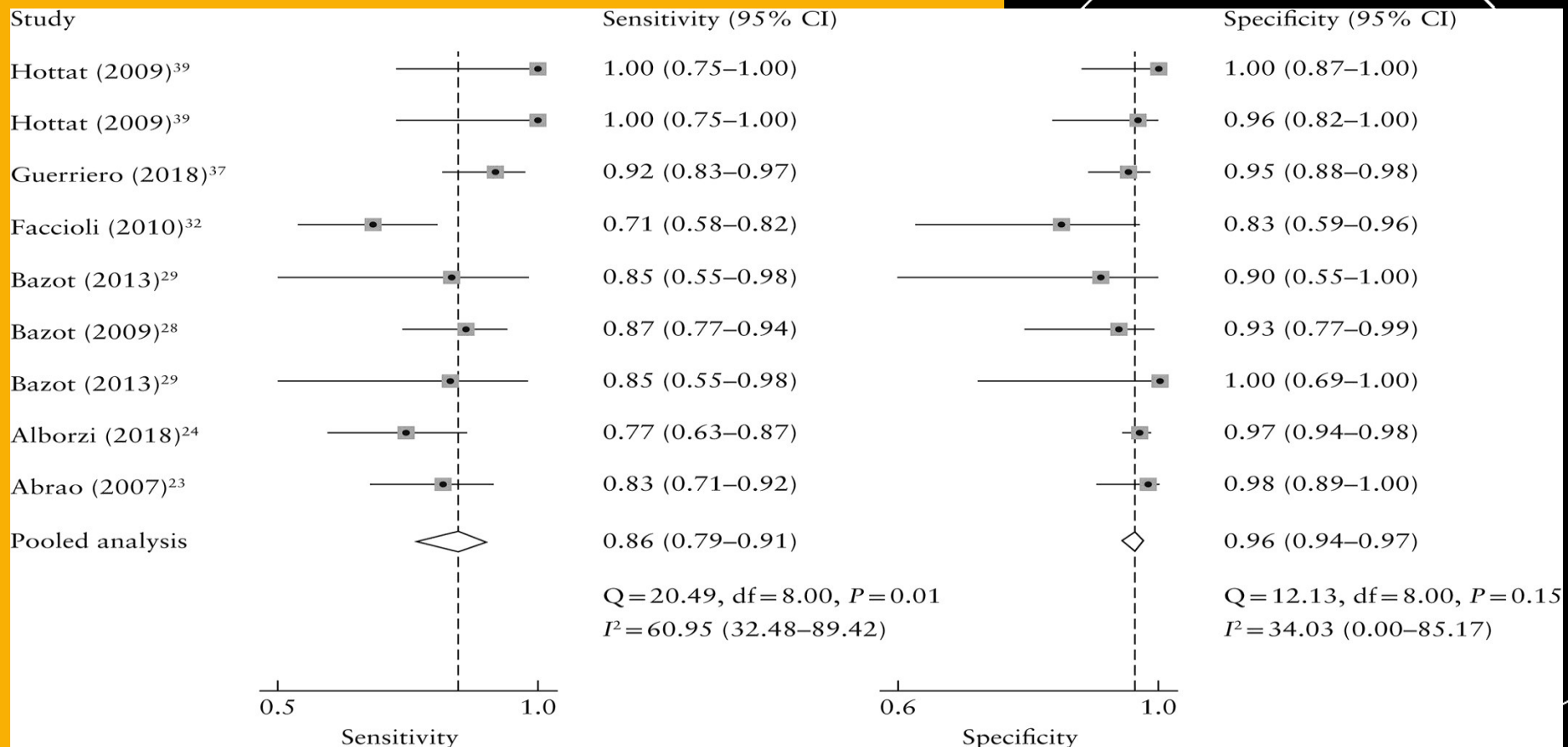
Performance

EER



Performance

IRM



Performance

Table 4 Assessment of pelvic endometriosis by rectal endoscopic sonography in comparison to surgical and histological findings in 81 patients

<i>Site</i>	<i>Sensitivity</i> (% (n))	<i>Specificity</i> (% (n))	<i>PPV</i> (% (n))	<i>NPV</i> (% (n))	<i>Accuracy</i> (% (n))	+LR	-LR
USL	46.6 (34/73)	50.0 (4/8)	89.5 (34/38)	9.3 (4/43)	46.9 (38/81)	0.9	1.1
Vagina	7.7 (2/26)	98.2 (54/55)	66.7 (2/3)	69.2 (54/78)	69.1 (56/81)	—	0.9
RVS	22.2 (2/9)	93.1 (67/72)	28.6 (2/7)	90.5 (67/74)	85.2 (69/81)	3.2	0.8
Intestine	88.9 (48/54)	92.6 (25/27)	96.0 (48/50)	80.6 (25/31)	90.1 (73/81)	12.0	0.12
Ovary	68.6 (24/35)	91.3 (42/46)	85.7 (24/28)	79.2 (42/53)	81.5 (66/81)	9.0	0.4

Performance

Table 5 Retrospective comparative study between trans-vaginal sonography, recto-sigmoid endoscopic ultrasonography, and magnetic resonance imaging for diagnosis of main locations of deep pelvic endometriosis

	OV			Torus			USL			RVS			RSJ			Bladder		
	TVS	RS-EUS	MRI	TVS	RS-EUS	MRI	TVS	RS-EUS	MRI	TVS	RS-EUS	MRI	TVS	RS-EUS	MRI	TVS	RS-EUS	MRI
se (%)	88	80	87	57	76	76	63	37	69	63	89	47	73	95	89	16	16	33
sp (%)	71	81	71	100	100	100	82	100	82	100	67	100	66	66	50	100	100	89

Gauche Cazalis *et al*^[53] 2012: 25 patients included. OV: Ovary; USL: Uterosacral ligament; RVS: Rectovaginal septum; RSJ: Rectosigmoid junction; se: Sensitivity; sp: Specificity are expressed in%.

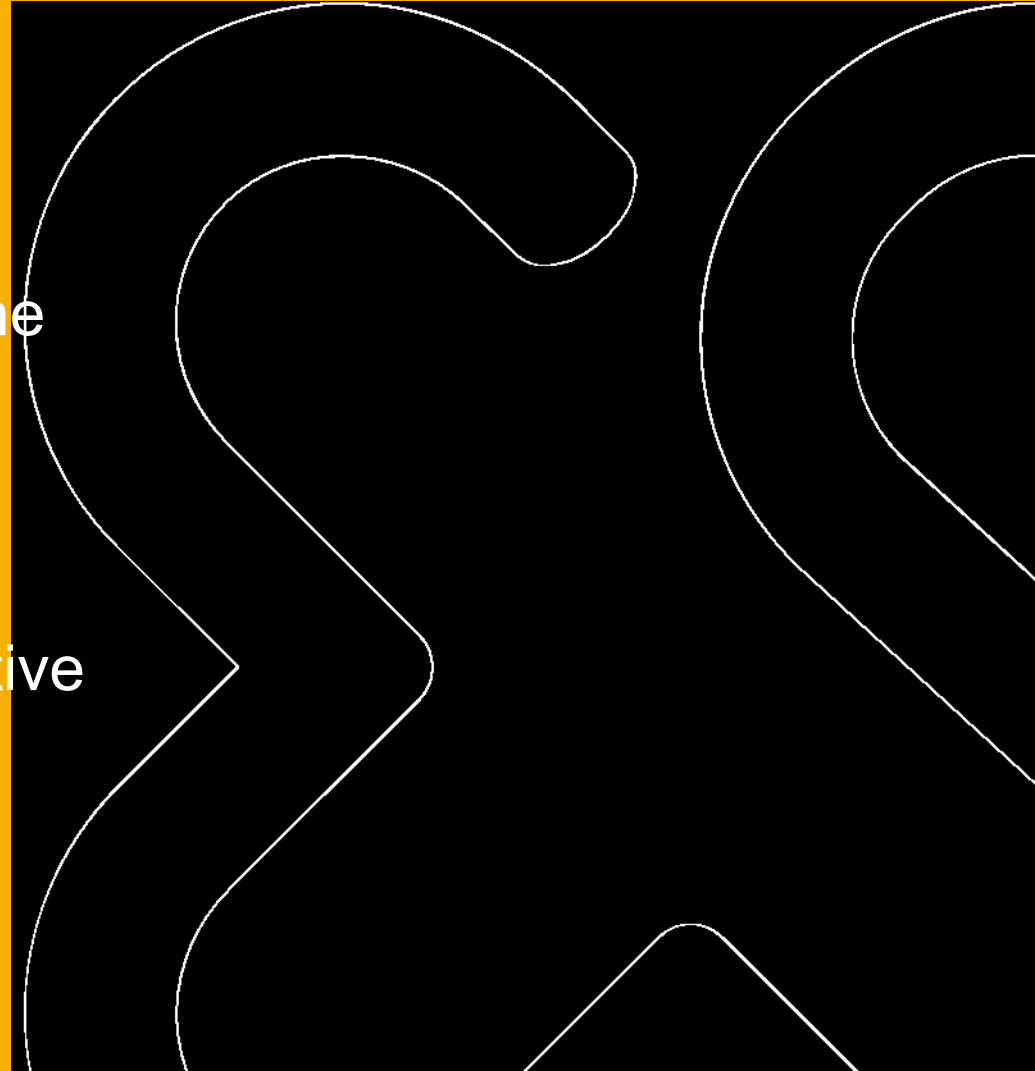
Conclusion

Place:

Examen de 2^e intention après l'IRM pelvienne
bilan pré-opératoire avec atteinte digestive

Apport

Précision pour évaluation de l'atteinte digestive



Conclusion

Faiblesses:

Expertise

Champ d'exploration limité

Manque de spécificité (surestimation)

Intrusif

