

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

SIFEM 2024 Nantes

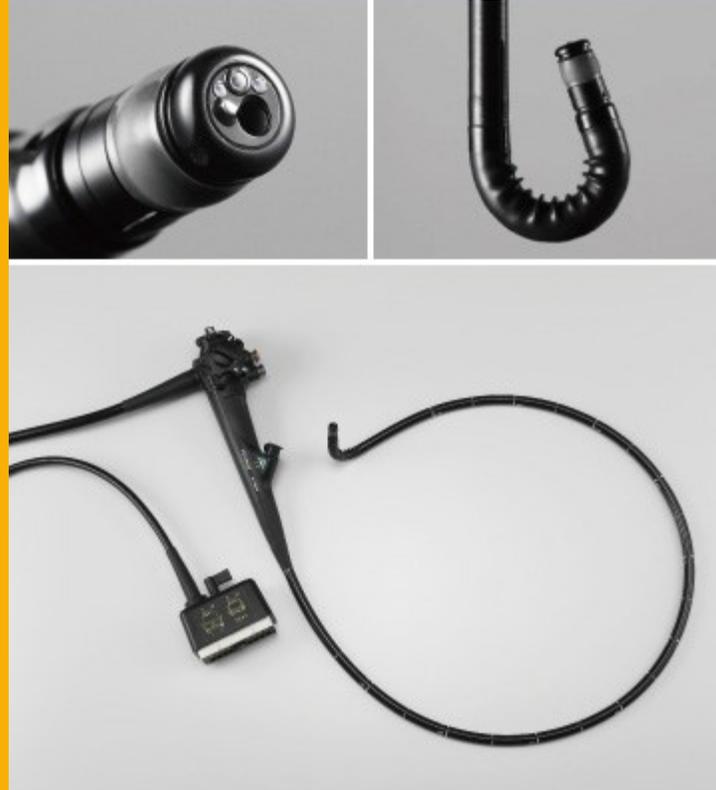
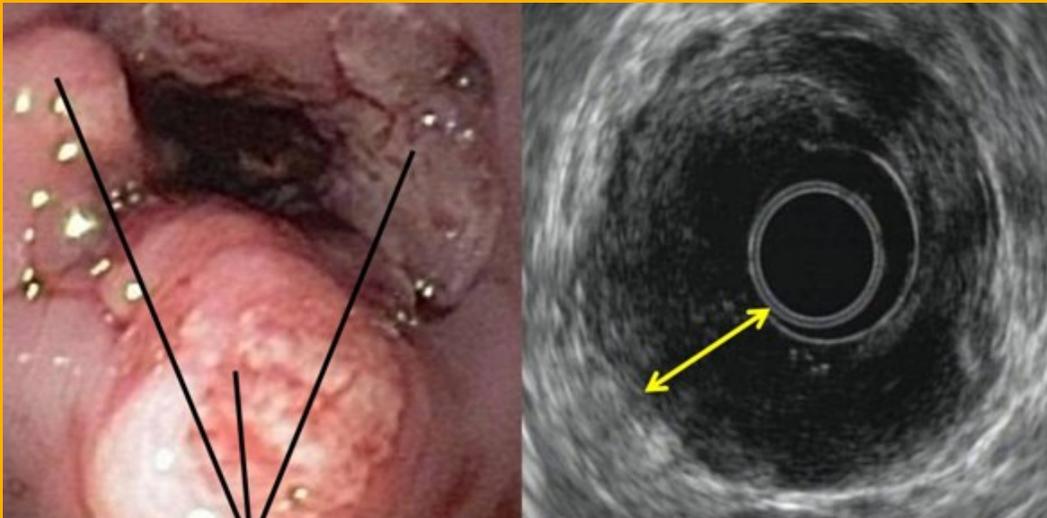


Dr Olivier PATRON
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Matériel

Echoendoscope radial

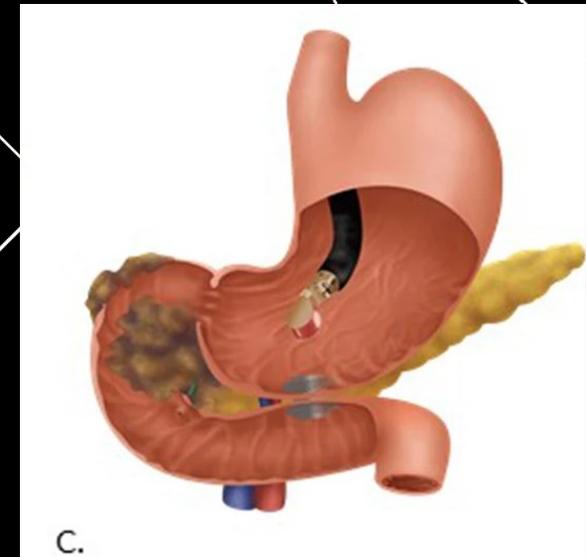
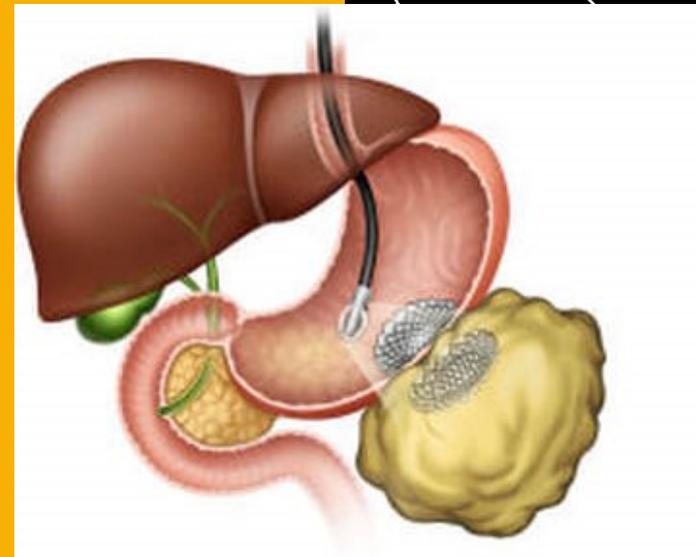
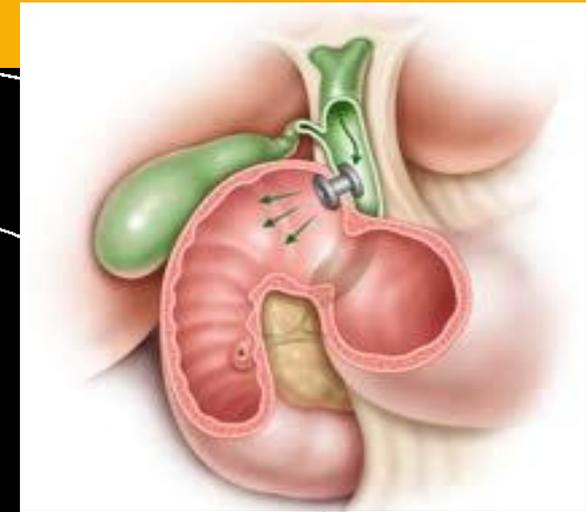
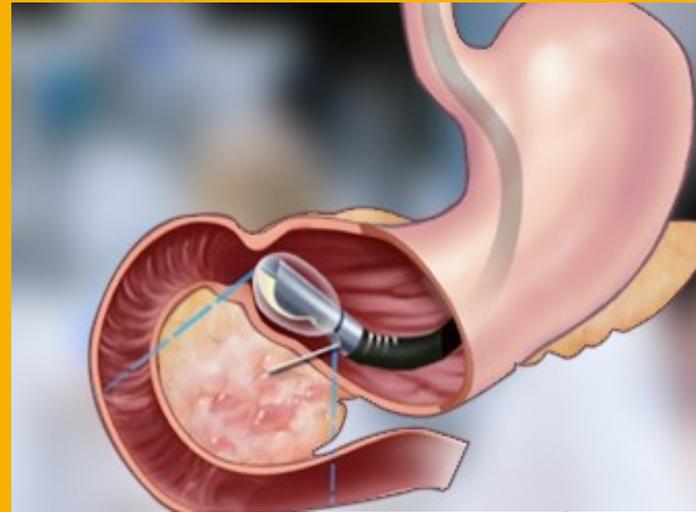
fonction diagnostique



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



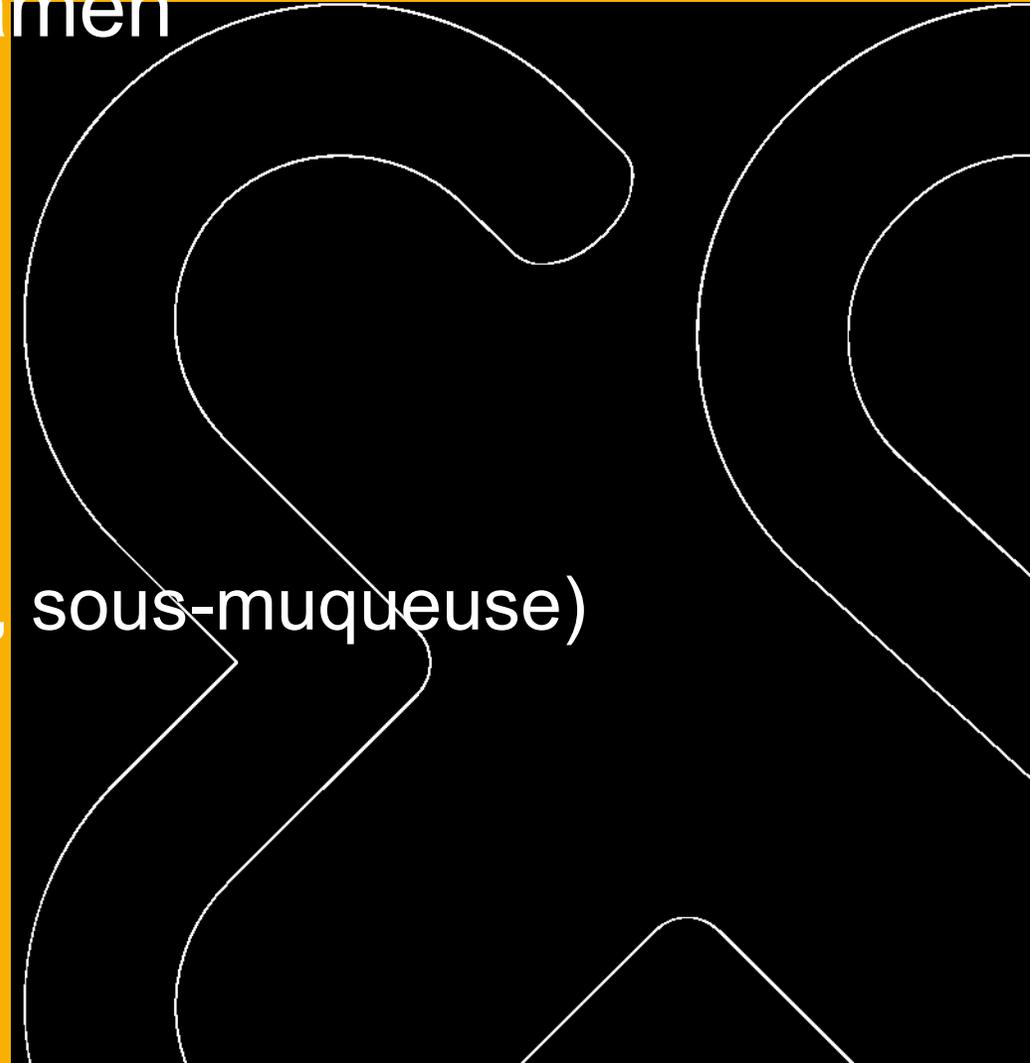
Résultats de l'examen

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

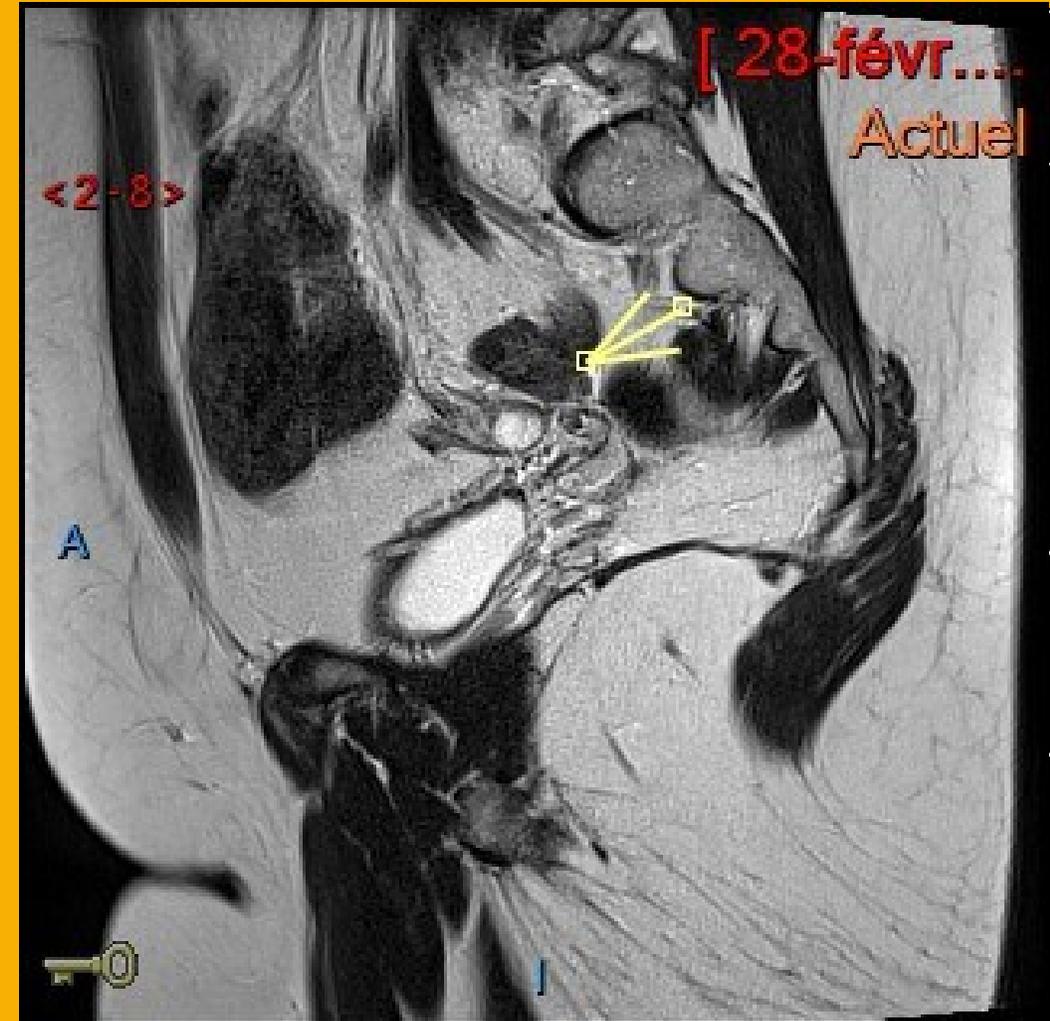


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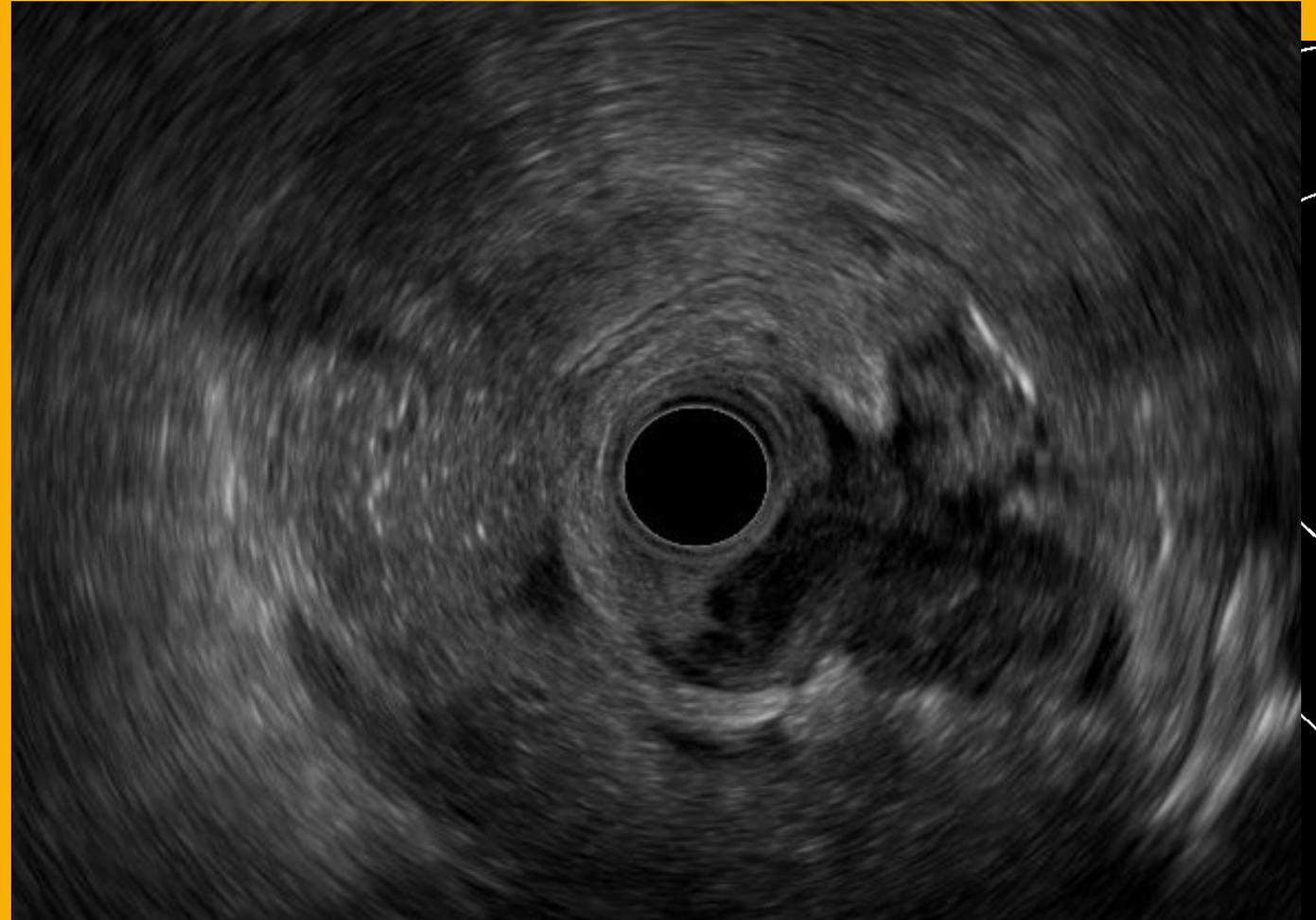


74%

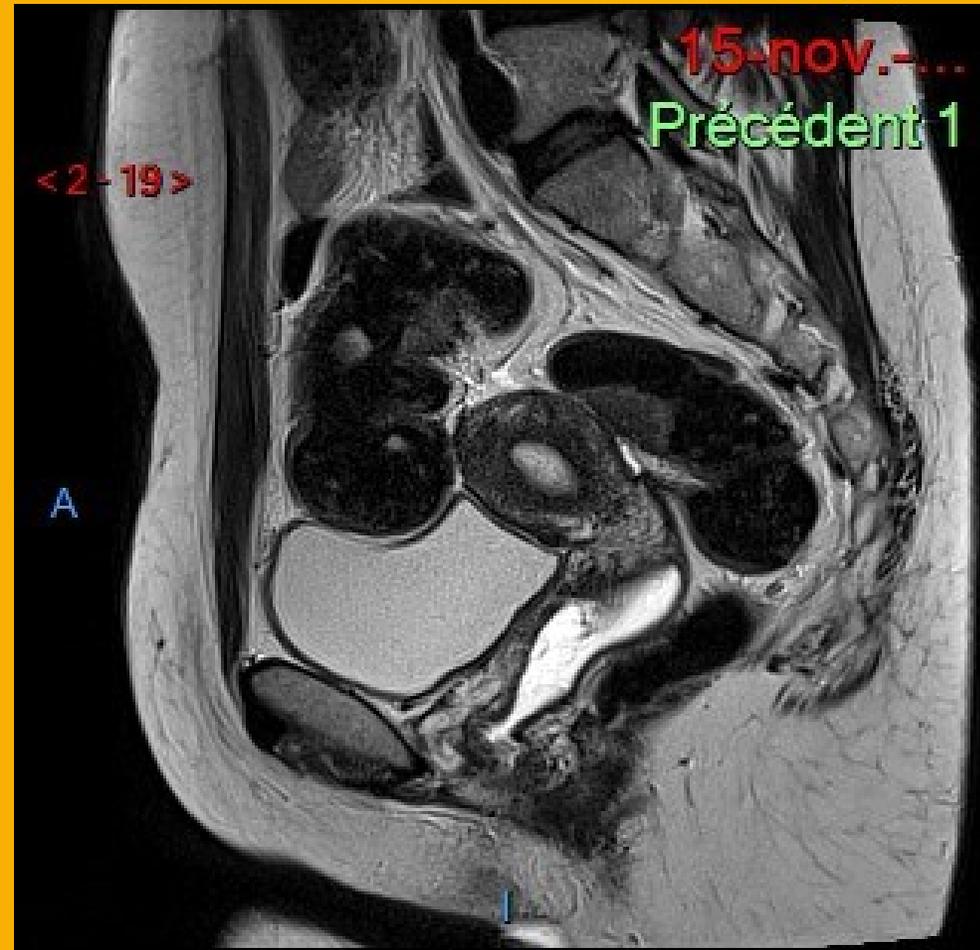
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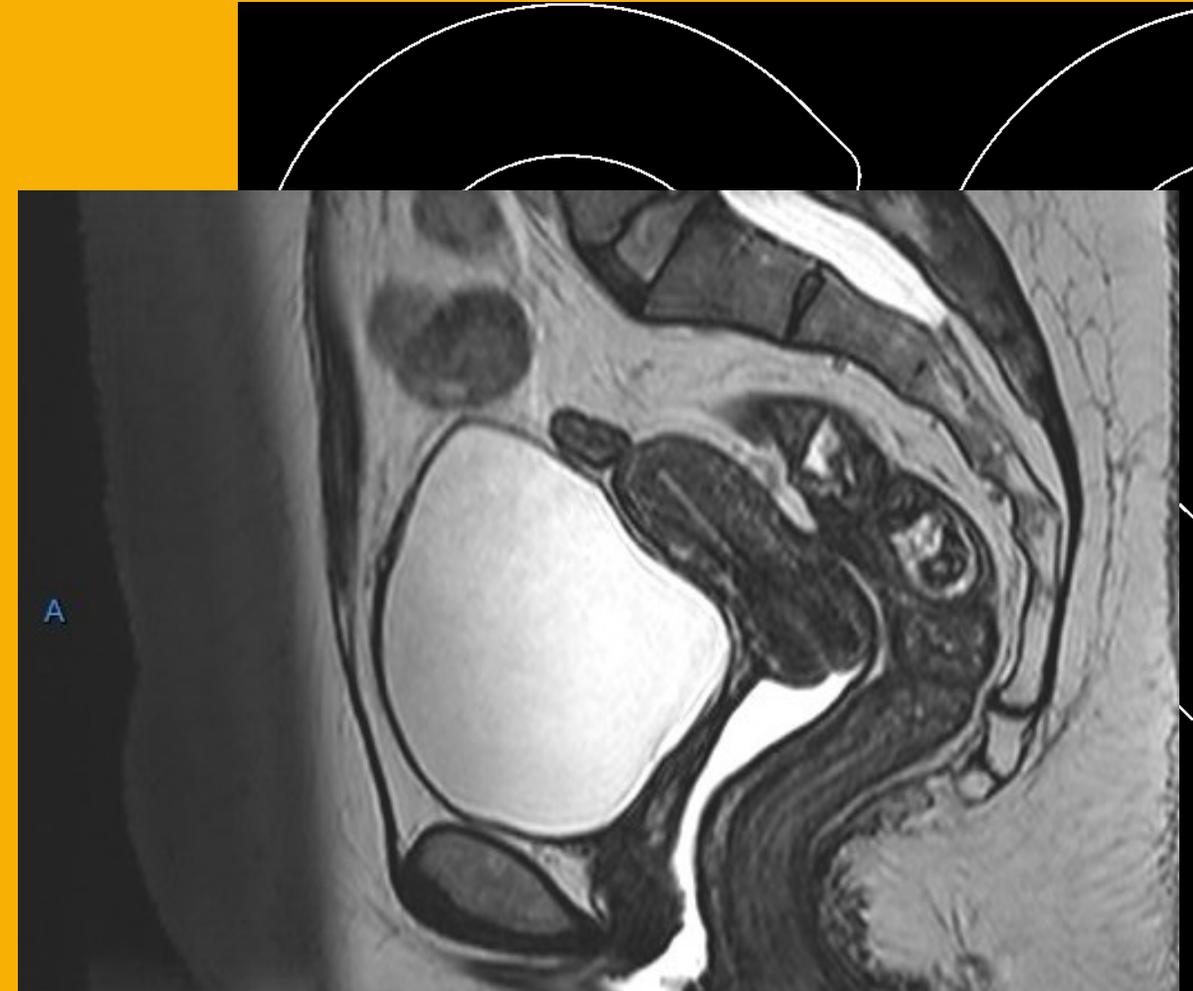
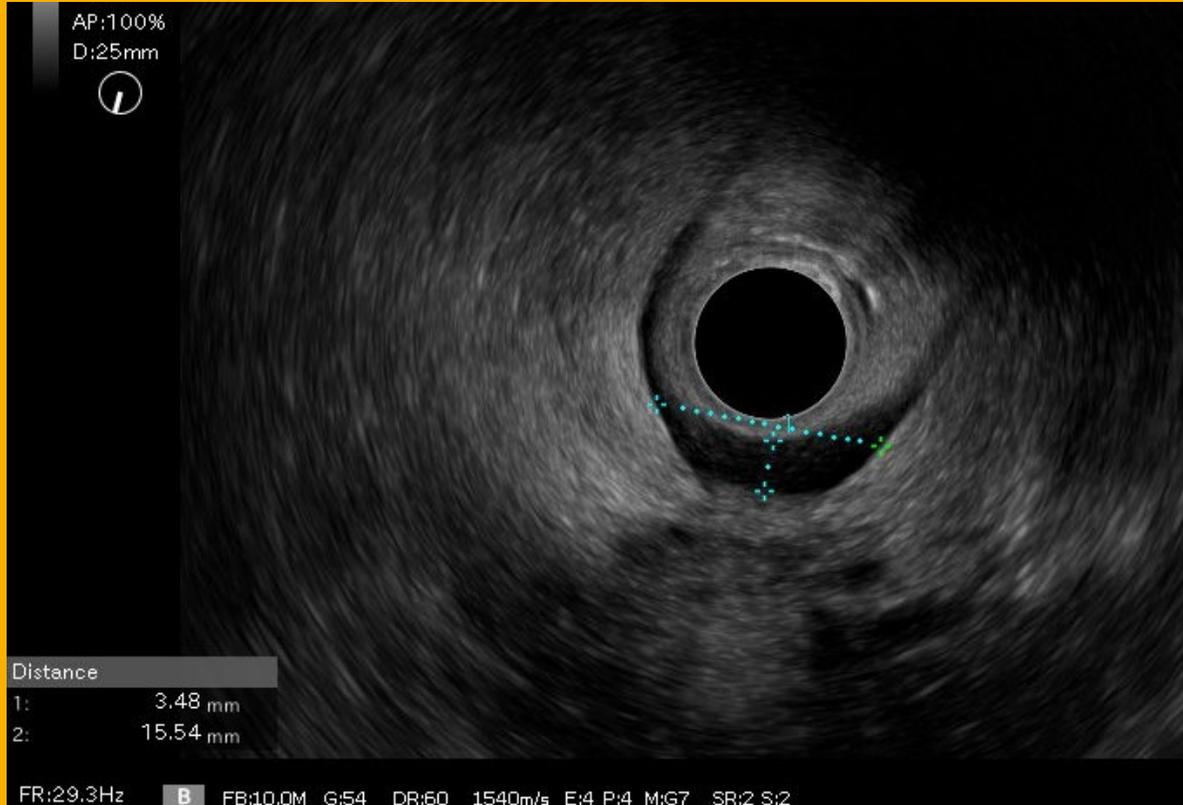
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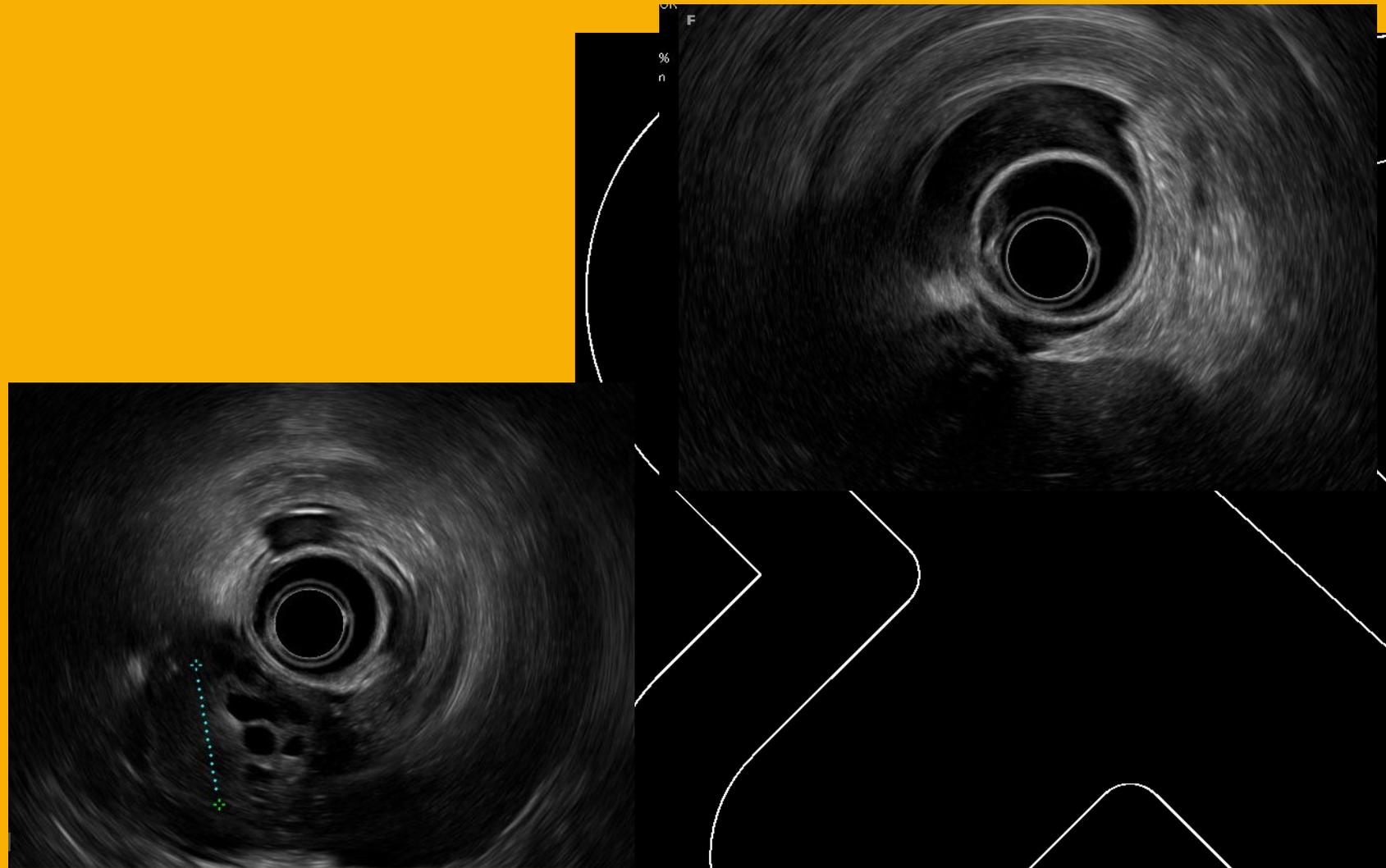
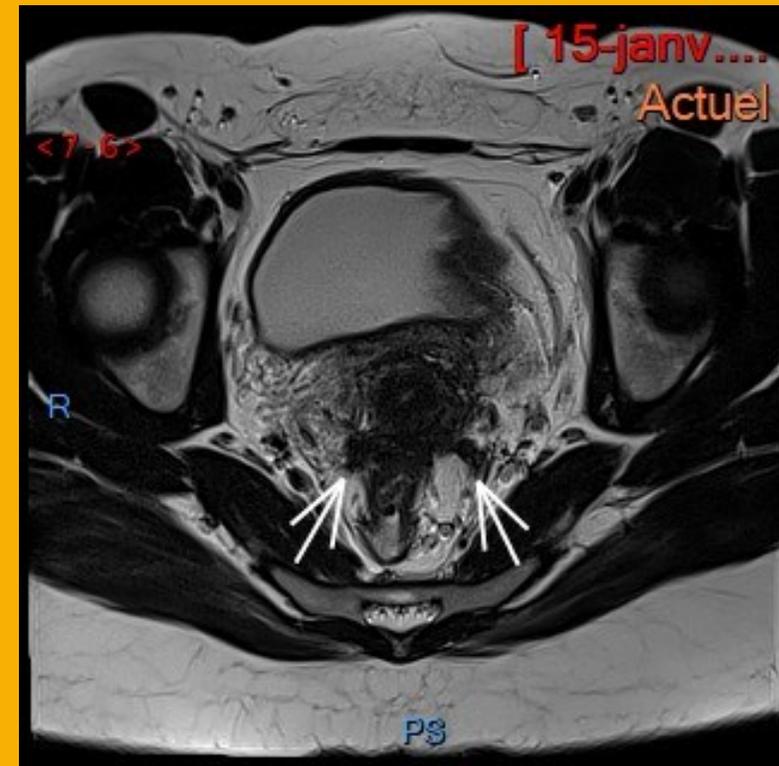
Place et apport de l'échoendoscopie dans l'endométriose digestive



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



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



Performance

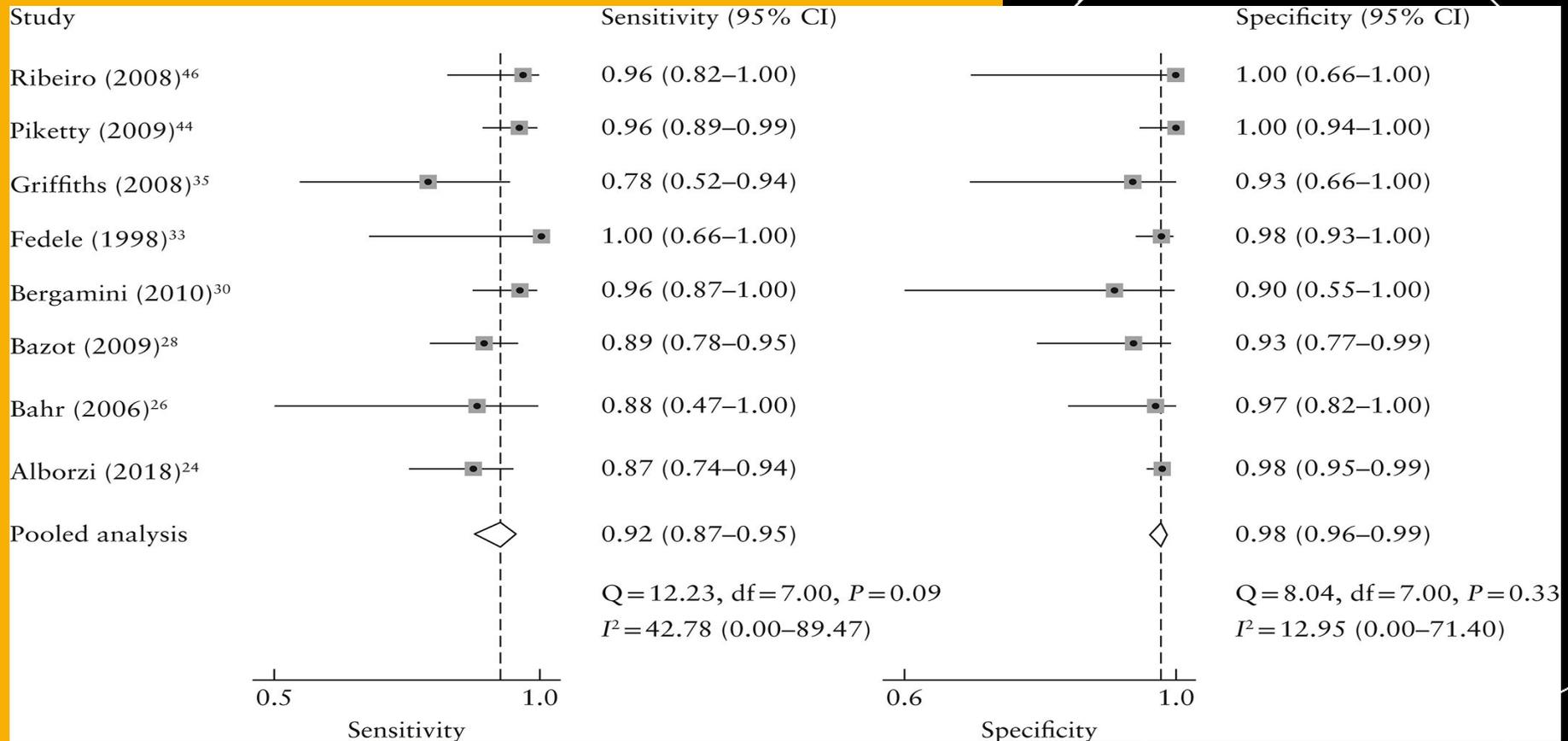
Table 1 Summary pooled results of preoperative diagnostic accuracy of different imaging modalities for detection of rectal/rectosigmoid deep endometriosis

<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.

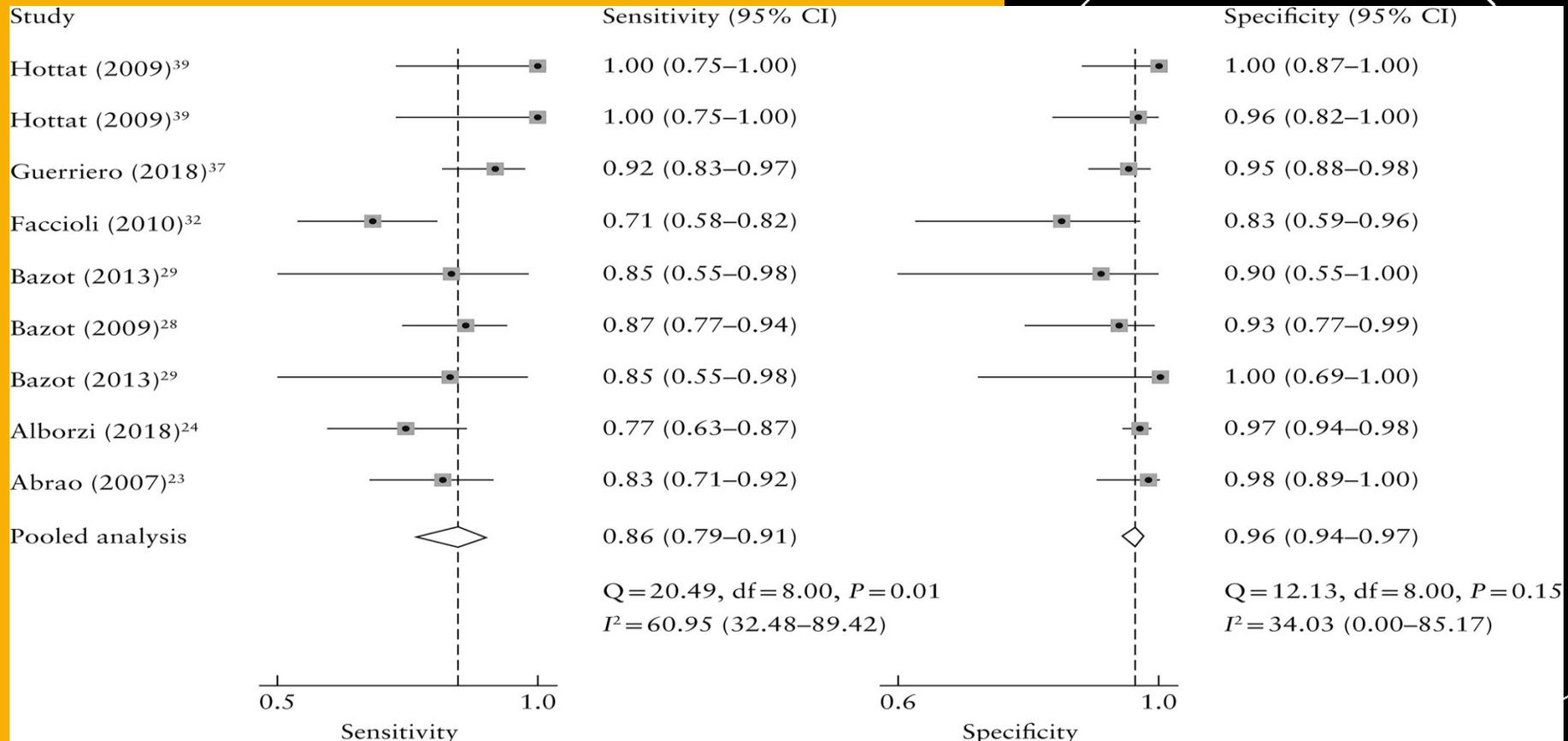
Performance

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%.

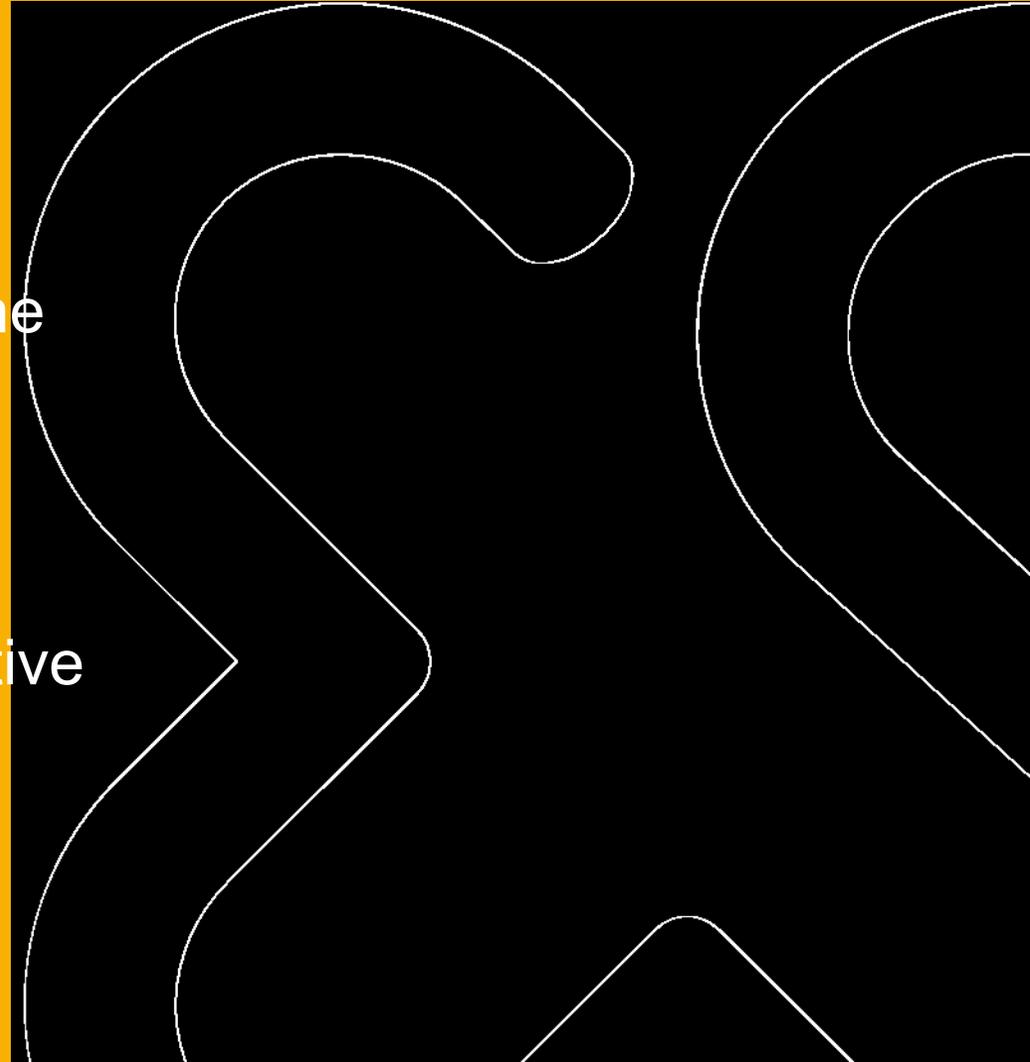
Conclusion

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

