

Q & A for Matthew Leonardi's Session.

1. Is there a link to free access to the "Proposed simplified protocol..." article? The QR code took me to paid access

Use this link:

https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1002/uog.29115?domain=p2p_domain&token=BBMERVCYMGB6CZHSCYWC

2. How can you differentiate it from focal bowel wall thickening / diverticula

Focal bowel wall thickening" is not really a thing... diseases such as Crohn's/Colitis affect the mucosa, not the muscularis. Diverticula are outpouchings with hyperechoic content. They have a normal muscularis layer

3. I've always heard that endoscopy is the gold standard for diagnosis of endo; why would this be the case if they miss the deep endo deposits?

This is outdated overall. For superficial endometriosis, arguably it is still the gold standard for ruling out or ruling in when the scan is negative. But for DE, laparoscopy/surgery is highly limited at MAPPING.

4. How painful are these maneuvers for assessing endometriosis for the patient and how well tolerated are they?

Depends on the patient. Some patients are perfectly fine, and others are jumping off the table. I find this an important comment for the report because it helps us understand the overall patient pain state. Overall, though, almost everyone tolerates/completes the endometriosis ultrasound.

5. Should we be routinely checking for these signs or only when a specific requisition is made for endometriosis?

Any time a requisition notes endometriosis, infertility, or pelvic pain/period pain, we do the advanced pelvic ultrasound.

6. If there is motion in the anterior cul-de-sac, is it also called a positive sliding sign, or how is this identified in a report?

Yes, you can call it anterior sliding sign

7. Does superficial endo have the potential to turn into DIE?

We do not know this yet for sure, but there is a possibility that deep endometriosis begins as superficial and progresses

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8. Any bowel preparation recommended for assessment of deep endometriosis?

Not in our centre but some places like bowel prep or enema

9. Is there a way to diagnose endometriosis in the brain and/or nervous system?

I'll talk to nervous system as brain is incredibly rare and almost always diagnosed incidentally.

We can now assess the pelvic nerves specifically the sacral nerve roots. Szabo and colleagues have been most productive in researching this. nerve endometriosis is also very rare

10. In Ontario what facilities offer these advanced endometriosis ultrasounds?
Are there work sheet templates for Sonographers and templates for radiologists reporting?
Will there be certification like for NT studies?

There are only a few - SUGO, McMaster Hospital, Ottawa Hospital, and Markham Fertility, The Canadian Association of Radiologists has a template that I produced in their endometriosis ultrasound statement, which is free access.

No current imminent plans for certification but it has been discussed at a very high level

11. Would you possibly have a direct link to the template that you produced?

https://journals.sagepub.com/doi/suppl/10.1177/08465371231165986/suppl_file/sj-pdf-1-caj-10.1177_08465371231165986.pdf