Laparoscopy-guided myometrial biopsy in the definite diagnosis of diffuse adenomyosis

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摘要

Abstract

BACKGROUND: The purpose of this study was to investigate the usefulness of laparoscopy-guided myometrial biopsy in the diagnosis of diffuse adenomyosis.

METHODS: This prospective non-randomized study (Canadian Task Force classification II-1) was conducted in a tertiary medical center. One hundred patients who had clinical signs and symptoms strongly suggestive of adenomyosis were included as the study sample. Transvaginal sonography, serum CA-125 determination and laparoscopy-guided myometrial biopsy were performed.

RESULTS: The mean largest myometrial thickness was 3.10 ± 0.56 cm (range 2.30 – 4.50). The mean serum CA-125 level was 49.64 ± 38.30 U/ml (range 10.90 – 205.28). Of these 100 patients, adenomyosis was pathologically proven in 92 patients, small leiomyoma in four patients and myometrial hypertrophy in four patients. The sensitivity of myometrial biopsy was 98% and the specificity 100%; the positive predictive value was 100% and the negative predictive value 80%, which were superior to those of transvaginal sonography, serum CA-125 determination or the combination of both.

CONCLUSION: Laparoscopy-guided myometrial biopsy is a valuable tool for obtaining a definite diagnosis of diffuse adenomyosis with preservation of the uterus in infertility workup or in the evaluation of dysmenorrhea or chronic pelvic pain.