SONOHYSTEROGRAPHY VERSUS TRANSVAGINAL SONOGRAPHY. A PROSPECTIVE BLINDED STUDY OF 1000 CONSECUTIVE PATIENTS WITH POLYPS

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ABSTRACT BODY:

OBJECTIVE : The purpose of this study was to assess the accuracy of transvaginal ultrasound (US) to visualize endometrial polyps diagnosed on sonohysterography (SHG). Numerous factors were assessed to determine factors associated with detection of polyps on transvaginal US.

METHODS: This prospective blinded study selected 1000 consecutive patients with polyps on SHG who also had preliminary transvaginal US. Multiple factors assessed included patient age, size of polyp, number of polyps, submucosal fibroids, intramural fibroids, adenomyosis, location of the polyp, blood flow, abnormal bleeding and endometrial thickness. The Pearson's chi-square test for independence and independent samples T-tests were used to compare the samples.

RESULTS: 54.1% of patients with polyps diagnosed on SHG had polyps on transvaginal US. Only size of the polyp, multiple polyps, submucosal fibroids, location of polyp, fertility status and blood flow to the polyp were significantly associated with detection of a polyp on preliminary US (P <0.05). There was a significant difference in mean age between those detected and those missed on preliminary US (t= -2.18, df=998, p=0.03), but no significant difference in mean endometrial thickness (t= 1.70, df = 998, p =0.09).

CONCLUSIONS: Almost half of endometrial polyps seen on SHG were missed on transvaginal US. Factors associated with detection included polyp size, multiplicity, submucosal fibroids, location of polyps, age and blood flow. Endometrial thickness, intramural fibroids, adenomyosis and abnormal bleeding did not prove to be significant.