

DEEP ENDOMETRIOSIS

ENDOMETRIOSI ROMA

ULTRASOUND
IN DEEP
ENDOMETRIOSIS

51/52
20Hz



Policlinico "A. Gemelli"
Aula Brasca

23cm/s



-23cm/s



PRESIDENT: **Alessandro Caruso** SCIENTIFIC DIRECTOR: **Fiorenzo De Cicco Nardone**

ROME, 24th APRIL 2010

WWW.DEEPENDOMETRIOSIS.COM

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ULTRASOUND IN DEEP ENDOMETRIOSIS



Dear Colleagues,

Deep endometriosis remains a difficult challenge with a significant diagnostic delay.

During the Consensus Conference on Deep Endometriosis, held in Rome in April 2009, it was shown that the main step to achieve an earlier and more accurate diagnosis is to teach and share skills among gynaecologists, particularly those performing ultrasound scanning.

The aim of this course is the study of the ultrasonographic anatomy of the posterior part of female pelvis - the recto-vaginal septum - in order to effectively detect and map the localization of deep endometriosis.

This is an essential step for the planning of the appropriate therapeutic approach and for subsequent follow-up.

Fiorenzo De Cicco Nardone

Scientific Director of the Course

Switch from gynaecological ultrasound to “Ultrasound for Compartments”

Course Introduction

F. De Cicco

Didactic Coordinator:

A. Lanzone

BOOST: the early non-invasive diagnosis of deep endometriosis and the relationship between surgical and ultrasound anatomy as a strategy to increase the specificity of the diagnosis of deep endometriosis.

Session Coordinator:

P. Carfagna

Presents to Participants, by interactive technology, the questions on anatomical landmarks for the mapping of the lesions and on the anatomical and ultrasound imaging assessment.

POSTERIOR COMPARTMENT OF THE RECTO-VAGINAL SEPTUM

Identification and description of the anatomical landmarks

Laparoscopic imaging

F. De Cicco

Ultrasound imaging

A. Testa**BLADDER AND URETER COMPARTMENT**

Identification and description of the anatomical landmarks

Laparoscopic imaging

F. Barbieri

Ultrasound imaging

L. Savelli**RECTAL AND PARA-RECTAL SPACES COMPARTMENT**

Identification and description of the anatomical landmarks

Laparoscopic imaging

P.R. Koninckx

Ultrasound imaging

G. Hudelist

EXPERTS AUDIT PANEL:

They give, by remote voting, their opinion on the validation of the anatomical and ultrasound landmarks.

PARTICIPANTS AUDIT PANEL:

They give, by remote voting, their opinion on the effective usefulness of the ultrasound landmarks in clinical practice.

ULTRASOUND IN DEEP ENDOMETRIOSIS

10.30-12.00

LIVE ULTRASOUND

Normal Ultrasound Anatomy

Didactic Coordinator: **D. Timmerman**

Technologies for the formation and the training of the operators on anatomical structures of specific interest for deep endometriosis management.

Session Coordinator: **P. Carfagna**

Presents to Participants, by interactive technology (remote voting), the questions on the image identification and acquisition of the anatomical structures.

Live ultrasound scan **Anatomy of the rectum and para-rectal spaces**
G. Hudelist

Live ultrasound scan **Anatomy of the bladder and ureter**
L. Salvelli

Live ultrasound scan **Anatomy of the recto-vaginal septum**
A. Testa

EXPERTS AUDIT PANEL:

They give, by remote voting, their opinion on the specificity of ultrasound anatomy in these districts.

PARTICIPANTS AUDIT PANEL:

Interactive evaluation of the landmarks during live scan.

12.00-13.30

PICTORIAL REVIEW:

Ultrasound and Laparoscopy: integration of Imaging in Deep Endometriosis

Didactic Coordinator: **G. Scambia**

BOOST: how improve the appropriateness of the diagnostic exams in gynaecological surgery for deep endometriosis.

Session Coordinator: **C. De Cicco**

Presents to Participants the problems of integration between diagnostic exams (MRI, TAC, IVP) and ultrasound imaging.

LAPAROSCOPIC PICTORIAL REVIEW

BOOST: WHAT DO THE SURGEON EXPECT FROM ULTRASOUND

Recto-vaginal septum and sigmoid endometriosis

Senior Surgeon Opinion: P.R. Koninckx

Bladder and Ureteral Endometriosis

Junior Surgeon Opinion: C. De Cicco

OPINION LEADER COMMENT: HOW CAN ULTRASOUND HELP PLANNING ENDOMETRIOSIS SURGERY

D. Timmerman

ULTRASOUND PICTORIAL REVIEW

Deep endometriosis of the rectum and of the ureters: the problem of adhesions

S. Guerriero

Role of trans-vaginal ultrasound as support to operative Laparoscopy

E. Coccia

14.30

Keynote Lecture:

Deep Endometriosis and Endometriomas

L. Valentin

ULTRASOUND IN DEEP ENDOMETRIOSIS

14.45-17.00

LIVE ULTRASOUND - INTERACTIVE SESSION

Surgery for Ultrasound, Ultrasound for Surgery

Didactic Coordinators: **F. De Cicco, R. Marana, M. Candiani, S. Schettini**

Didactic Coordinator presents the problem of the integration of the clinical examination with ultrasound diagnosis and the need for an improvement of new ultrasound techniques in patients with clinical suspicion for deep endometriosis; this in order to discuss on the non-invasive early diagnosis and the role of ultrasound as first-line examination in deep endometriosis.

Session Coordinators: **P. Carfagna, C. De Cicco**

Presents to the audience by remote voting questions during LIVE SCAN on image identification and acquisition of deep endometriosis lesions.

DESCRIPTION, RATIONAL AND IMPLEMENTATION OF THE TECHNIQUES LIVE SCAN

dynamic
ultrasound for deep
endometriosis

C. Exacoustos

transrectal
ultrasound for deep
endometriosis

S. Guerriero

sonovaginography for
deep endometriosis

P. Carfagna

ultrasound
combined to pelvic
examination for deep
endometriosis

G. Hudelist

DYNAMIC AND INTERACTIVE EXAMINATION OF THE PELVIS

1st PHASE: Each clinical case will be evaluated from the pelvic surgeon who, through signs and symptoms, will ask the diagnostic question to the ultrasound operator. **F. De Cicco, P.R. Koninckx, S. Landi, S. Angioni**

2nd PHASE: Ultrasound operator, according to the clinical question, will perform a specific technique with imaging, report and iconography for the surgeon. **S. Guerriero, G. Hudelist, C. Exacoustos, P. Carfagna**

3rd PHASE: Interaction with the Experts Audit Panel, by remote voting, about applicability and reproducibility of ultrasound techniques for the clinic. **Coordinators: P. Carfagna, C. De Cicco**

4th PHASE: counseling with Participants Audit by remote voting about management strategies.

Coordinators: P. Carfagna, C. De Cicco

17.00-18.00

FOCUS SESSION:

Technologic innovation

Didactic Coordinators: **C. Crescini, A. Ussia**

BOOST: problems associated to innovative technology aiming to a diagnosis to improve surgery.

Deep Endometriosis in Pregnancy

E. Coccia

Eco-endoscopy

S. Ferrari

3D and 4D volume for deep endometriosis

F. Leone

PROPOSAL DOCUMENT

18.00

CLOSURE OF THE COURSE

and CME questionnaire

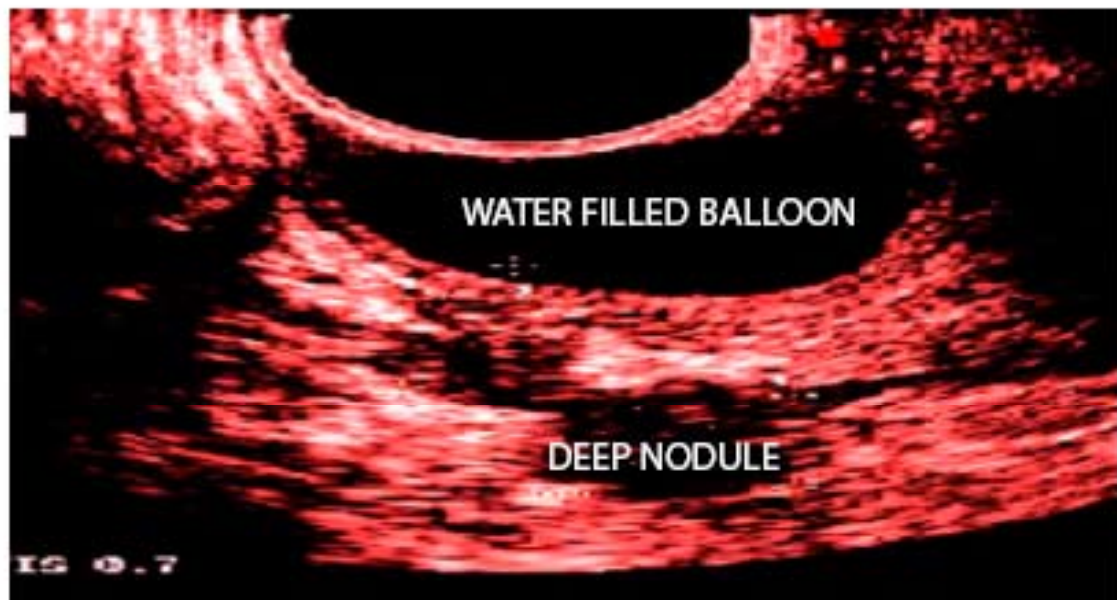
AUDIT EXPERT PANEL:

Panel of academic, clinic and scientific experts, that express, by interactive technology (remote voting), their opinion on the validation of the ultrasound techniques for the clinic (applicability and reproducibility) and of the different phases of the diagnostic, clinical and surgical management of the patients with deep endometriosis.

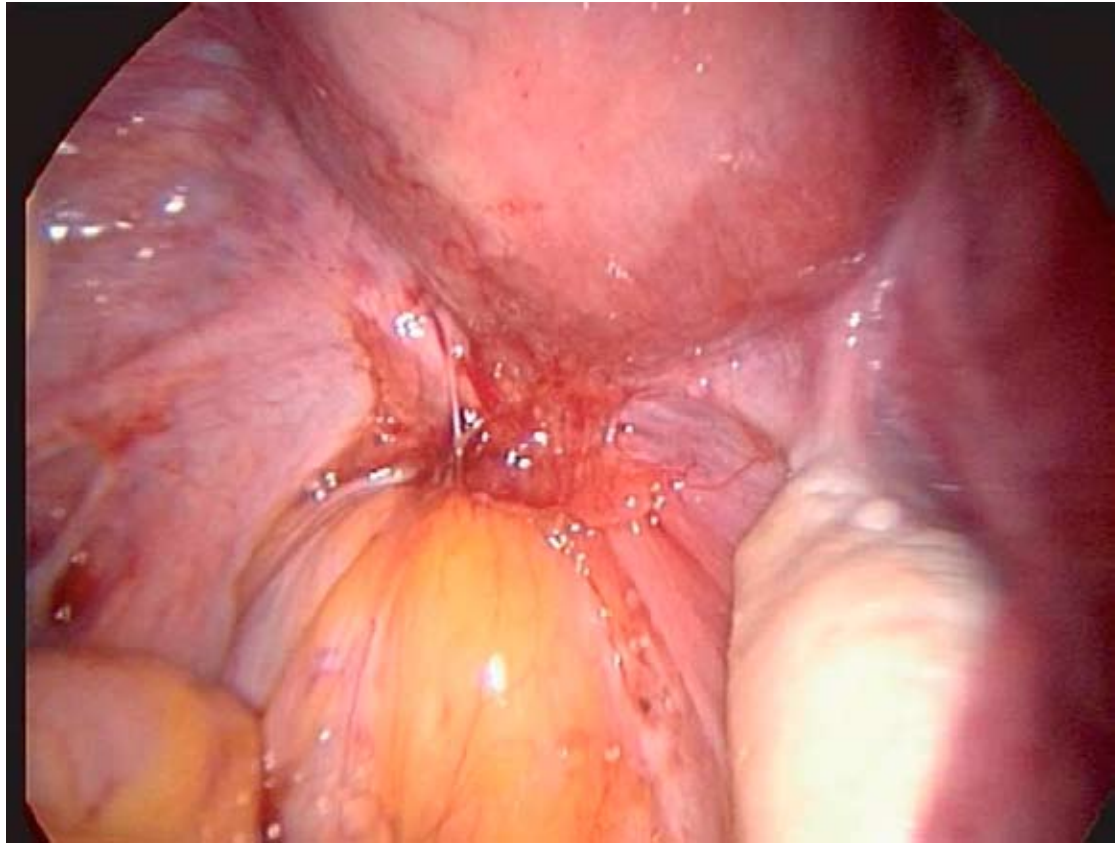
PARTICIPANTS AUDIT:

Participants express, by interactive technology (remote voting), their opinion about the topics of the Course, evaluating their transferability to the clinical practice.

ULTRASOUND IN DEEP ENDOMETRIOSIS



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