
Transvaginal versus transabdominal ultrasonography in gynecological lesions

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Transvaginal sonography, as a recent diagnostic tool, has become an important technique in examining the female genital tract. Endovaginal sonography overcomes many of the limitations of the transabdominal technique such as obesity, bony or gas shadowing, abdominal scarring, surgical drains or sutures, or the full bladder which is a painful or troublesome procedure to many patients, together with its ability to provide superb definition of structural anatomy of pelvic organs of the female due to its closer proximity to these organs. The aim of this work was to study the role of transvaginal sonography in evaluating gynecological lesions in comparison to transabdominal sonography. This study included 30 patients referred for a variety of suspected gynecological lesions. They were classified into 3 main groups; group I, including 13 cases with uterine lesions; group II, including 10 cases with ovarian lesions; and group III, including 7 cases suffering from infertility and missed IUCD. All cases were subjected to TAS and TVS in the same session except one case who refused the TVS technique. Histopathological correlation with sonographic findings was done in 21 cases by biopsies which were taken by needle aspiration, cone biopsy, curettage, laparoscopic and operative biopsy. From the present study, we could summarize that TVS is superior to TAS due to its ability to depict small lesions, and to portray echo architectural details, exact location, size, and origin of the lesion together with its vital and indispensable role in monitoring follicular development and maturation and its appreciable role in assessing IUCD location and degree of myometrial infiltration. The main limitation confronted in this work was the limited field of view and the psychological aspect in some old women, together with its limited role when the mass is very huge and high up in the abdomen.