Role of Transvaginal Guided Biopsy in Gynecology: a retrospective study

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Objective
To evaluate the adequacy, safety and diagnostic accuracy of transvaginal ultrasound-guided biopsy.

Methods
This is a retrospective study comprising patients who had undergone transvaginal ultrasound-guided biopsy for either primary suboptimally operable tumors (evaluated by ultrasound and TC or MRI), recurrence, or suspected genital, non-genital or secondary tumor, from April 2015 to May 2018. Transvaginal biopsies were obtained with an 18-G/25 cm core-cut biopsy needle.

Results: A total of 63 patients underwent ultrasound transvaginal biopsy. The site of transvaginal ultrasound biopsy was vaginal cuff in 25/63 (40%) patients, cervix in 16/63 (25.3%), vaginal wall in 12/63 (19%), pelvic region in 7/63 (11.1%) and periuretral region in 3/63 (4.8%). An adequate sample and a conclusive histological diagnosis were obtained in all cases. 24/63 (38%) patients had a diagnosis of a benign condition (fibrosis, inflammation, myoma), 39/63 (61.9%) had a diagnosis of malignancy (24/39 recurrences, 11/39 primary gynecological cancers, and 4/39 primary non-gynecological cancers). No complication was reported. 13/63 (20.6%) received surgical treatment and the results of the final histology was not in agreement with the result from tru-cut biopsy in three patients (3/13, 23%).

Conclusion
Transvaginal ultrasound-guided tru-cut biopsy is an efficient, minimally invasive, and safe diagnostic method and it could use in the management of advanced, recurrent and non-genital tumors.