Aim
To investigate if addition of intravenous contrast can improve the diagnostic abilities of preoperative 2D-TVU in staging of endometrial cancer.

Material and Methods
A prospective cohort of 101 women were examined using both conventional 2D-TVU and DCE-US were compared to a 1:3 matched cohort examined with only 2D-TVU regarding deep myometrial- and cervical stromal invasion. DCE-US video clips were also analysed with regard to filling-, wash-in and wash-out patterns and semi-quantitative time-intensity curve parameters and correlated to ‘high’ risk EC.

Results
Specificity was higher (94% vs. 85%, p=0.024) in detecting ‘high’ risk EC in the study cohort (n=93) than in the control cohort (n=273). Sensitivity did not differ (73% vs. 71%). Filling-, wash-in and wash-out patterns all correlated to ‘high’ risk EC and was superior to semi-quantitative measures.

Conclusion
Adding DCE-US to the preoperative work-up can correctly identify almost 10% more ‘low’ risk cases that can be spared extensive surgery.