METHOD

OP07.07: MUSA-CLASSIFICATION OF JUNCTIONAL-ZONE-APPEARANCE IN MRI SHOWS A GOOD DIAGNOSTIC PREDICTION OF ADENOMYOSIS

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AIMS
To prospectively validate a JZ_max ≥12mm as diagnostic marker for adenomyosis in MRI

WHY?
Not prospectively validated on premenopausal women (with histological confirmation)

MORPHOLOGICAL CLASSIFICATION

RESULTS

• Adenomyosis was confirmed in 57 (61%) of the women
• JZ thickness or JZ_max ≥12mm was not correlated with adenomyosis (AUC = 0.57; p = 0.26)
• An irregular/interrupted JZ was associated with adenomyosis, regardless of JZ thickness
  Sensitivity 74%; Specificity 83%, p < 0.001

CONCLUSIONS

• JZ measurement is of limited value in a premenopausal population
• JZ_max should be used with caution
• JZ morphology should be evaluated

JZ = junctional zone; MUSA = Morphological Uterus Sonographic Assessment; MRI = Magnetic resonance imaging