OP20.08 Ultrasonic diagnosis and differential diagnosis of enterocele in postpartum female

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**Objectives**
The clinically diagnosed vaginal posterior wall prolapse is often caused by three different structural abnormalities, namely, rectocele, perineal hypermobility, and enterocele. The objective of this study is to investigate the ultrasonic diagnosis and differential diagnosis of the enterocele in postpartum female.

**Methods**
More than 900 cases of female received a routine pelvic floor ultrasonic examination 42-60 days after childbirth. The volume data were obtained when each examinee was under a rest condition and on maximum Valsalva, the data was saved before it was analyzed offline.

**Results**
Among 900 cases of postpartum female, there were 280 cases of clinically found vaginal posterior wall prolapse, in which there were 8 cases of enterocele, 74 cases of rectocele, 95 cases of perineal hyperactivity and 103 cases were found by ultrasound to have no abnormality. 2D ultrasound of enterocele is characterized by irregular echoes or ground-glass echoes. When the herniation is the small intestine, peristalsis and gas-like scintillation echoes are visible, and sometimes the fluid inside the peritoneal cavity enters the vagina. It is easy to distinguish the enterocele from the rectocele when rectal ampulla is identified. The rectal ampulla is generally wedgeshape hyperechogenic with distal shadowing when filled with stool and air.

**Conclusion**
This study shows that perineal two dimensional ultrasound and three dimensional ultrasound are effective imaging methods for the diagnosis of enterocele.