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Main Program and Abstracts

b values of 0,1000 show significant correlation with Grannum classification using Kruskal-Wallis ($P = 0.004$) while the ADC values obtained from the b values of 50,400,800 failed to show statistically significant correlation with Grannum class ($P = 0.236$). Using linear regression analysis, ADC values obtained from b values of 0,1000 show a better fit correlated with gestational age ($R^2=0.60$) than the ADC values obtained from b values of 50,400,800 ($R^2=0.087$).

Conclusion: Various sets of b values result in ADC values with various degrees of correlation with Grannum classification and gestational age. Comparing the two sets of b value in our study, the set including b=0 resulted in a better fit both with gestational age and with Grannum classification.

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VARIOUS TYPES OF NICHE IMAGING BY SONOHYSTEROGRAPHY

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Cesarean scar defects (CSD) or niche are the myometrial discontinuity at the previous cesarean section scar region. We aimed to depict various types of niche imaging by sonohysterography. Recently, the rate of cesarean section delivery has markedly raised around the world; therefore, women with cesarean scar defects are increased and present in up to 19% of women post cesarean section. The increase of repeat cesarean section has been associated with an increase in complications in subsequent pregnancies such as scar pregnancy with life threatening bleeding, uterus rupture, placenta accreta and its subtypes and prolonged postmenstrual spotting. The deeper the niche (or the thinner the overlying myometrium), the higher the risk for complications in a subsequent pregnancy. Various shapes of uterine cesarean scar defects (niche) in TVS and SHG include: thin linear defect, wedge shape defect, droplet defect, semicircular defect, rectangle defect, inclusion cyst defect, irregular defect, multiple defects. Although the ability of transvaginal ultrasound (TVUS) to detect cesarean scars remains unknown, its higher frequency and proximity to the pelvic organs has been used as a powerful tool for detecting the uterine scar of a previous cesarean section. Recently with the in-

creasing use of sonohysterography (SHG) (transvaginal ultrasound with saline infusion) detection of scar defect has been enhanced frequently.

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ULTRASOUND IN THE DIAGNOSIS OF ENDOMETRIOSIS

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Background/Objectives: To evaluate diagnostic accuracy of transvaginal sonography and laparoscopy in the diagnosis of endometriosis.

Patients and Methods: This was a prospective study of women scheduled for laparoscopy because of infertility assessment. Consecutive patients were assessed prospectively using TVS before laparoscopy and the findings of preoperative TVS were compared with the results obtained by laparoscopy as a gold standard. The sensitivity, specificity, positive (PPV) and negative (NPV) predictive values, and accuracy were calculated for the diagnosis of endometriosis.

Results: In total, 262 women (mean age 31 + 4.47) had preoperative TVS and laparoscopies. Of these, 78 had endometriosis. Diagnostic accuracy was assessed, the sensitivity and specificity of the TVS in the diagnosis of pelvic endometriosis were 53% and 95%, respectively, and the positive and negative predictive value were 63% and 92%, respectively. The diagnostic accuracy was 88%.

Conclusions: TVS is a good test for assessing pelvic endometriosis. Good specificity and sensitivity were obtained in the diagnosis of deep endometriosis. TVS is particularly accurate in detecting deep endometriosis, which could facilitate more effective triaging of women for appropriate surgical care.