

Endometriosis Scoring Index: A New and Validated Diagnostic Tool

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ABSTRACT

Objectives: To formulate and evaluate the reliability of non-invasive diagnostic scoring system to diagnose endometriosis. **Design:** Controlled clinical study. **Setting:** Patients attending the Gynaecology and Infertility Clinic of Hospital USM. **Patient(s):** Reproductive aged patients with chronic pelvic pain subjected for diagnostic laparoscopic surgery were selected. **Intervention(s):** Diagnostic laparoscopic surgery was performed. The presence and stage of endometriosis was determined and tissue biopsy at suspected area of endometriosis was taken. Formation and evaluation of a scoring system was done. **Main Outcome Measure(s):** Histology confirmation of endometriosis and endometriosis scoring index. **Result(s):** The presence of severe dysmenorrhea, level of serum Ca125 between 50-200 u/ml and the presence of multiloculated ovarian cyst with thick sedimentation were noted to be significantly associated with endometriosis. Subsequently, a scoring index to assess the likelihood of endometriosis was formulated. It is shown that this scoring index, named as CliEndomet, is reliable to detect endometriosis (sensitivity of 0.696, specificity 0.711, PPV=0.78 and NPV=0.614, Kappa coefficient=0.39 at 95% CI, 0.21-0.58; p value \leq 0.05). It is more capable to detect advanced stage disease than early stage (sensitivity=0.96 versus sensitivity 0.42, 95% CI). **Conclusion(s):** CliEndomet scoring system can reliably be used as a diagnostic tool to diagnose endometriosis for patients who refuse to undergo surgical diagnosis and intervention.

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Intra-Operative Frozen Section in Ovarian Tumours – Hospital Sultanah Bahiyah’s Experience

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ABSTRACT

Background: The accuracy of intra-operative frozen section is very important in the evaluation of ovarian tumours so that appropriate surgical procedure can be selected. **Study Objective:** To assess the sensitivity, specificity, positive predictive value and negative predictive value of intra-operative frozen section as compared to final histopathological result in ovarian tumours. **Materials and Methods:** All patients underwent intra-operative frozen section for ovarian masses in Hospital Sultanah Bahiyah over 9 years duration from June 2008 till April 2017 were reviewed. Frozen section diagnosis and final histopathological reports were compared. **Results:** A total of 94 cases were recruited for final evaluation. The frozen section diagnosis was comparable with the final histopathological reports in 85% of cases. The sensitivity, specificity, positive predictive value and negative predictive value for benign and malignant ovarian tumours were 95.7%, 88.9%, 90%, 95.2% and 75%, 99%, 90% and 91.8% respectively. Whereas, for borderline ovarian tumours, the sensitivity and specificity was 81 and 90% respectively; positive predictive value was 70.8% and negative predictive value was 94.1%. **Conclusion:** The accuracy of intra-operative frozen for ovarian tumours is high and it remained a reliable option in assessing ovarian masses intra-operatively.