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Application of FNA for diagnosis of intestinal endometriosis

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Introduction:

Intestinal endometriosis is frequently observed in women into fertile age, who may present either nonspecific signs and symptoms or be completely asymptomatic. Diagnostic tools, including MRI, transvaginal ultrasound and intestinal endosonography play significant role to determine endometriosis's depth of invasion along intestinal wall. However, the histological diagnosis depends on the analysis of surgical specimens, obtained only when the surgical procedure is recommended. Oligo- or asymptomatic patients and those who refuse intestinal surgery are treated without histological confirmation. Nevertheless, a differential diagnosis of a malignant disease can be missed. Among patients not submitted to surgery, histological diagnosis through FNA combined to additional information, such as, degree of differentiation and other parameters may be able to identify different diseases.

Summary:

In this study it was possible to describe the technical use of two different models of 22 Gauge needles: Chiba and EUSN (Cook Incorporated) to perform FNA. Sensibility and value of intestinal endosonography guided FNA to histologically diagnose deep endometriosis in the rectum and distal sigmoid were evaluated in the present study. Histological diagnosis of FNA specimens was compared to surgical ones in 43 patients submitted to laparoscopic surgery for intestinal endometriosis.

Conclusion:

Sensibility value of FNA to determine histological diagnosis of deep endometriosis in the rectum and distal sigmoid was 100%. The results were the same with the use of both needles.