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# Clinical summary

## Transvaginal sonography, sonohysterography, and hysteroscopy for investigation of focal intrauterine lesions in women with recurrent postmenopausal bleeding after dilatation & curettage (D&C)

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### Purpose

To determine the accuracy of different diagnostic methods (blind dilatation and curettage (D&C), transvaginal ultrasonography (TVS), sonohysterography (SH), and hysteroscopy in diagnosis of focal intrauterine lesions.

### Materials and Methods

36 postmenopausal women with recurrent vaginal bleeding after a normal D&C result were enrolled into the study. TVS, SH, hysteroscopy were performed on all patients.

Outcomes of blind D&C, TVS, SH, and hysteroscopy were compared with results of gold standard. Sensitivity, specificity, positive predictive value (PPV), negative predictive value (NPV), and likelihood ratios (LR) were calculated.

### Results

**Blind D&C** sensitivity, specificity, PPV, and NPV were 47, 68, 57, 59%, respectively in comparison with gold standard.

**TVS** sensitivity, specificity, PPV, NPV were 63, 78, 89, 41%, respectively.

**SH** sensitivity, specificity, PPV,NPV were 93, 56, 86, 71% respectively.

**Hysteroscopy** sensitivity, specificity, PPV, NPV were 100, 44, 84, 100%, respectively.

### Conclusion

D&C alone will miss benign intrauterine focal pathology such as polyps and submucous fibroids.

TVS alone will occasionally miss important endometrial pathology.

SH is almost as good as hysteroscopy at detecting focally growing lesions in the uterine cavity.

Hysteroscopy and endoscopic biopsies remain as the decisive diagnostic tests for intracavitary lesions.

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