ULTRASSONOGRAFIA TRANSVAGINAL EM UROGINECOLOGIA

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1

- UROGINECOLOGIA

(UROLOGIA FEMININA / CIR. PÉLVICA RECONSTRUTIVA)

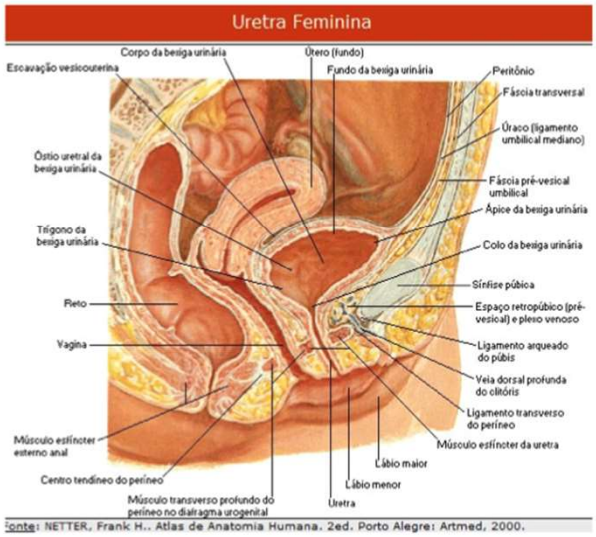
Disfunções do assoalho pélvico e trato urinário inferior

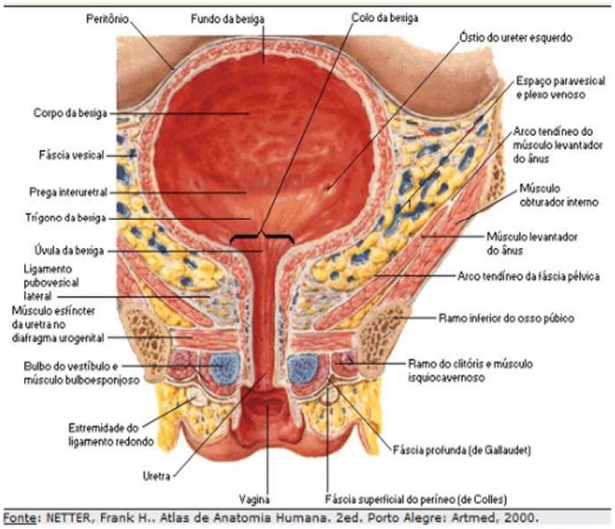
- INCONTINÊNCIA URINÁRIA
- BEXIGA HIPERATIVA
- ITU RECORRENTE
- SINDROMES DOR PÉLVICA CRÔNICA;
- PROLAPSO DE ÓRGÃO PÉLVICO
- MASSAS VAGINAIS/ PERIURETRAIS

- TUMORES OU CISTOS VAGINAIS E URETRAIS
- DIVERTICULO URETRAL

- TRAUMA PERINEAL
- FÍSTULAS UROGENITAIS
- ANOMALIAS CONGÊNITAS – MULLERIANA/ FUSÃO
- INCONTINÊNCIA FECAL / INJÚRIA ESFINCTER ANAL

2





3

Lesões uretrais / parauretrais

- Diagnóstico desafiador – várias entidades clínicas – sintomatologia inespecífica
- Benignas x Malignas – (cistos parauretrais (Skene), divertículo uretral; carúncula; leiomioma; cistos vaginais – Gartner, cisto mulleriano, cisto de inclusão; endometrioma; ureter ectópico; cisto de glândula de Bartholin; entre outros; HPV e carcinoma primário de uretral
- RM x US

4

US x URETRA

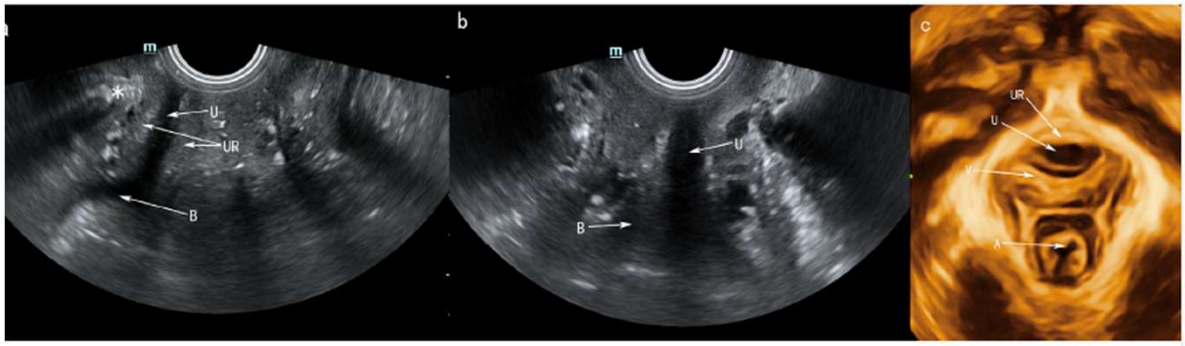
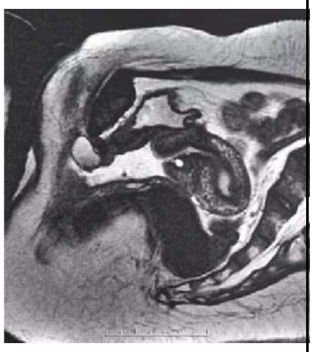


Fig. 2. Transvaginal scan of the female urethra and peri-urethral tissues. (a) Longitudinal and (b) coronal sections of the urethra; (c) 3-D reconstruction depicting the urethra, vagina and anus from the ventral to the dorsal aspect at the optimal transverse plane. The asterisk marks the arcuate ligament of the pubis. U = urethra; B = bladder; UR = urethral rhabdosphincter; V = vagina; A = anus.

5

LESÕES PERIURETRAIS

ARQUIVO PESSOAL



CISTO PARAURETRAL (SKENE)

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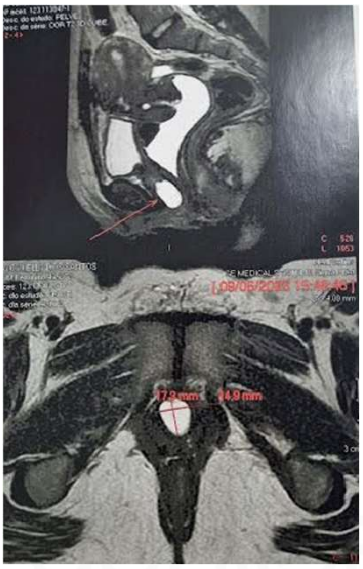
LESÕES PERIURETRAIS



ARQUIVO PESSOAL

Divertículo uretral topografia mediana adjacente uretra 1,5x 1,7x 2,3cm

7

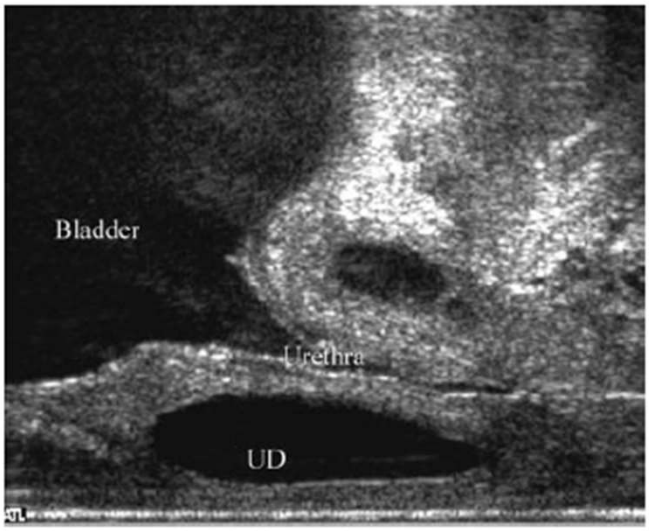
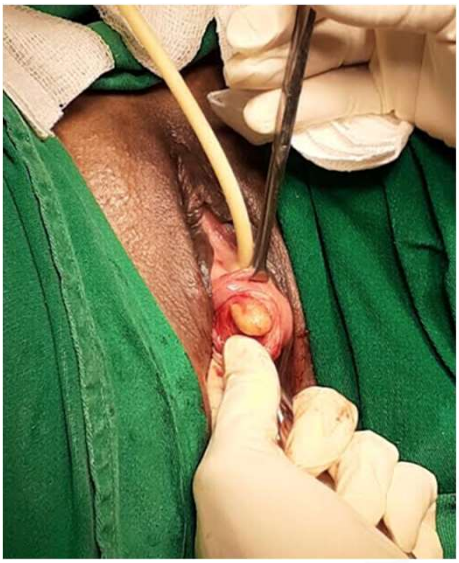


FIGURE 1. Urethral diverticulum (case 2). Midsagittal TVUS sonogram shows the urethral diverticulum (UD) posterior to the urethra (U). B, bladder.

8

LESÕES PERIURETRAIS



Cisto parauretral

ARQUIVO PESSOAL

9

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0301-5629/$ - see front matter
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● *Original Contribution*

ULTRASONOGRAPHIC IMAGING FEATURES OF FEMALE URETHRAL AND PERI-URETHRAL MASSES: A RETROSPECTIVE STUDY OF 95 PATIENTS

HUA YANG, JIAO-JIAO GU, LUO JIANG, JIE WANG, LIN LIN, and XIN-LU WANG
Department of Ultrasound, Shengjing Hospital of China Medical University, Shenyang, Liaoning Province, Republic of China

(*Received* 14 *January* 2020; *revised* 11 *March* 2020; *in final from* 24 *March* 2020)

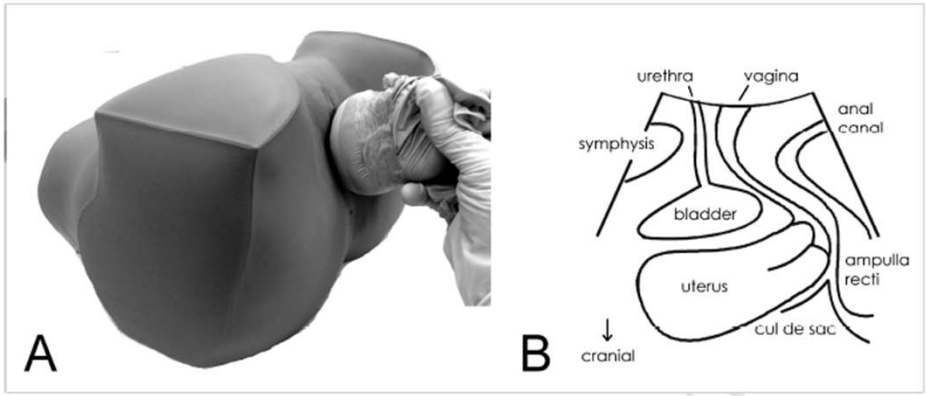
95 mulheres com lesões periuretrais (cisticas, sólidas ou mistas) – US transvaginal ou perineal - a Philips iU22 xMATRIX, Mindray Resona 8 or Medison Accuvix XQ US system using a 7.5-MHz transvaginal probe or 4- to 13- MHz linear probe

Table 1. Final diagnoses of patients with urethral and peri-urethral masses

Diagnosis	No. of patients	%
Urethral diverticulum	39	41.1
Para-urethral cyst	33	34.7
Urethral leiomyoma	12	12.6
Urethral caruncle	7	7.4
Urethral caruncle with malignant transformation	1	1.1
Urethral squamous cell carcinoma	1	1.1
Urethral adenocarcinoma	1	1.1
Urethral condyloma	1	1.1

N refers to the number of patients.

10



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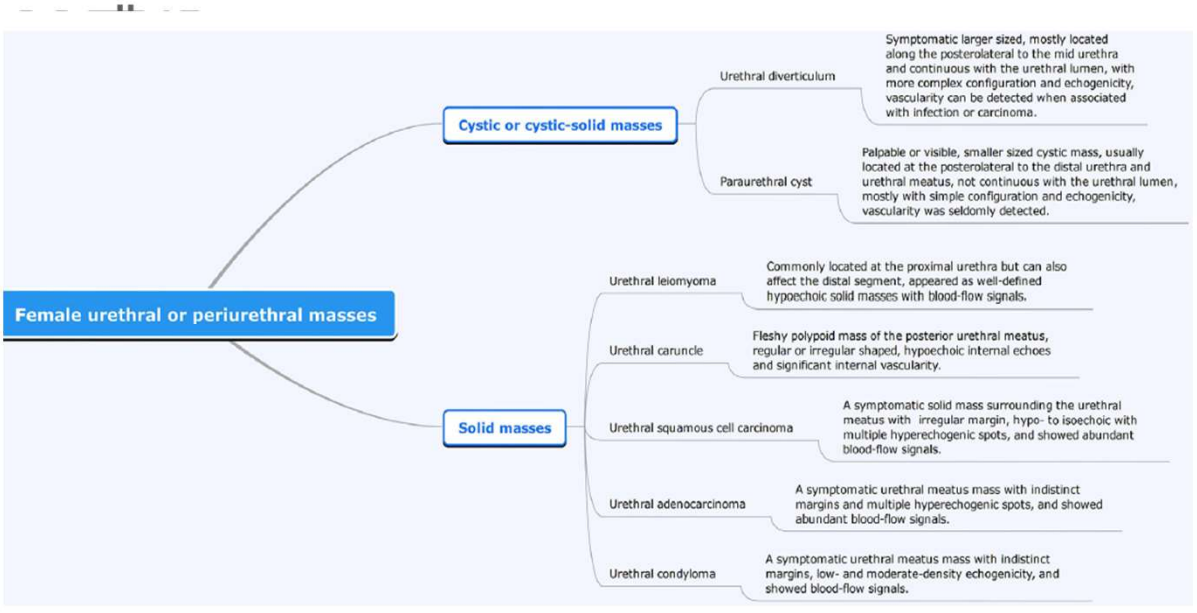
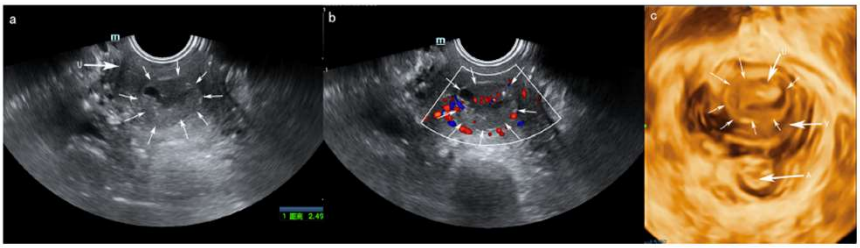


Fig. 7. Sonographic characteristics of female urethral and peri-urethral masses.

12



divertículo uretral complexo

Fig. 3. 2-D and 3-D transvaginal ultrasound revealing imaging features of a peri-urethral mass in a woman with a suspected diagnosis of urethral diverticulum complicated with infection. (a) On 2-D transvaginal ultrasound, a cystic-solid mass (*arrows*) was seen originating from the posterior wall of the mid-urethra, containing hyper-echogenic spots and calculi. (b) Color Doppler imaging revealed abundant blood flow signals. (c) Three-dimensional reconstruction (transverse plane) revealed that the mass (*arrows*) was almost surrounding the urethra. U = urethra; V = vagina; A = anus.

Cisto parauretral

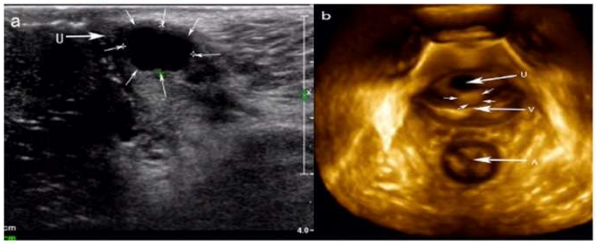
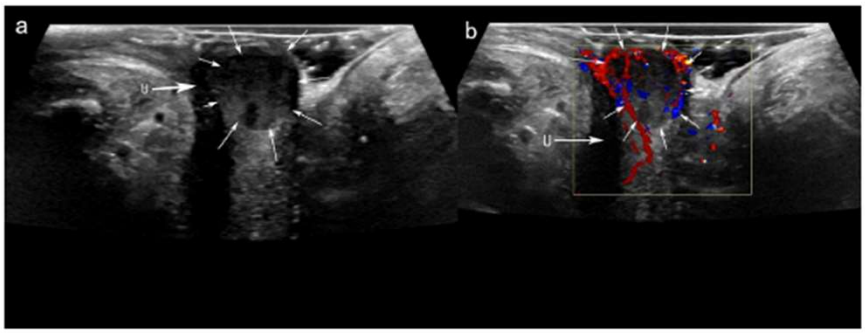


Fig. 4. 2-D and 3-D transperineal sonography revealing imaging features of a peri-urethral mass in a woman with a suspected diagnosis of para-urethral cyst. (a) On 2-D transperineal ultrasound, a cystic anechoic mass (*arrows*) was seen originating from the posterior wall of the urethral meatus. (b) 3-D reconstruction (transverse plane) confirmed that the mass (*arrows*) arose from the posterior urethral wall. U = urethra; V = vagina; A = anus.

13

gestyus



Leiomioma uretral

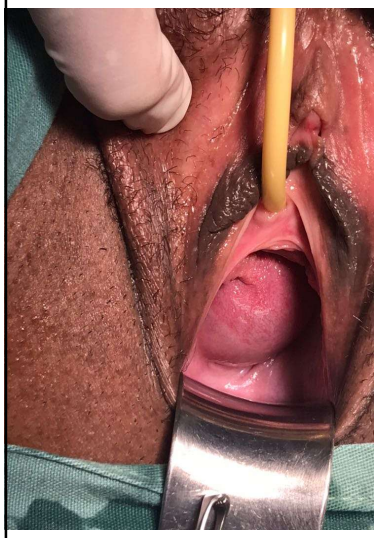
Fig. 5. 2-D transperineal sonography depicting imaging features of a peri-urethral mass in a woman with a suspected diagnosis of urethral leiomyoma. (a) On 2-D transperineal ultrasound, a well-defined solid hypo-echoic mass (*arrows*) was seen originating from the posterior wall of the urethral meatus. (b) Color Doppler imaging revealed abundant blood flow signals. U = urethra.

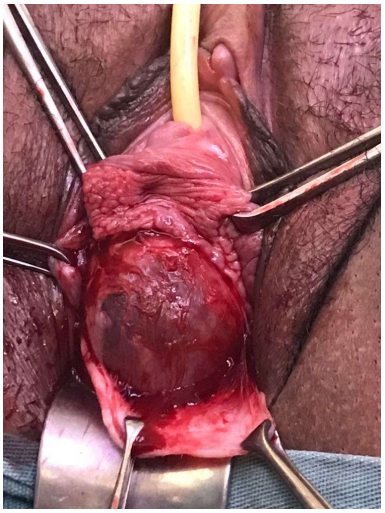
14

US transvaginal e perineal 2D parecem efetivos na adetecção de massas uretrais e periuretrais, identificando características morfológicas, enquanto reconstrução em 3D visualiza melhor relacão com uretra, vagina e outras estruturas, para planejamento preoperatório. Houve correlação boa com achados operatórios e anatomopatológicos.

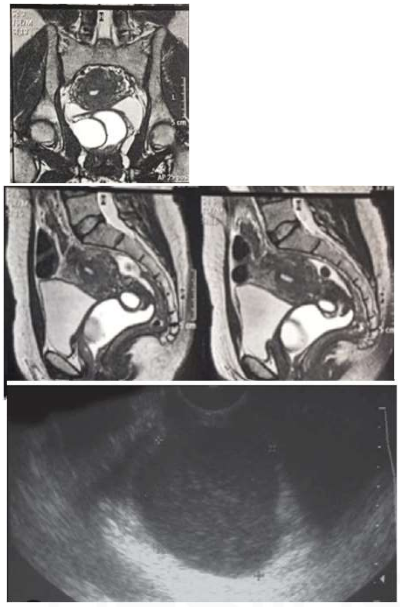
15

CISTOS VAGINAIS





ARQUIVO PESSOAL



AP. CISTO DE GARTNER

16

Figure 1. There is a bulky mass in antero-lateral vaginal wall, with urethral deviation.

Figure 2. Aspect of Gartnet cyst in a cut section

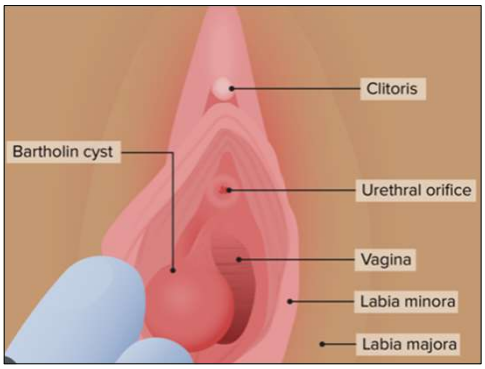
ESCUDERO, 2014

17

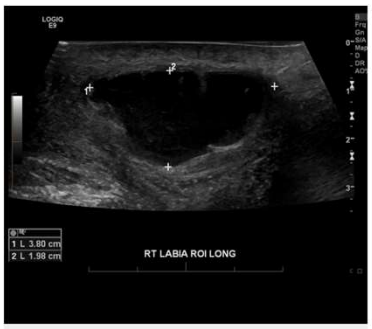
ARQUIVO PESSOAL

Cisto de inclusão parede vaginal anterior

18



Cisto de Bartholin



Cystic mass to the right of the introitus in the labium with internal echoes and increased vascularity in surrounding soft tissues

19

Assessment of pelvic floor muscle contractility: digital palpation versus 2D and 3D perineal ultrasound

Stefan Albrich [1], Joscha Steetskamp [2], Sophie-Luise Knoechel [2], Saskia Porta [2], Gerald Hoffmann [2], Christine Skala [2]

Affiliations + expand

PMID: 26408007 DOI: 10.1007/s00404-015-3897-5

The prevalence of abnormal posterior compartment anatomy and its association with obstructed defecation symptoms in urogynecological patients

Rodrigo Guzman Rojas, Ixora Kamisan Atan, Ka Lai Shek & Hans Peter Dietz

International Urogynecology Journal **27**, 939–944 (2016) | Cite this article

Review > Best Pract Res Clin Obstet Gynaecol. 2019 Jan;54:12-30.

doi: 10.1016/j.bpobgyn.2018.06.006. Epub 2018 Jun 28.

Ultrasound in the assessment of pelvic organ prolapse

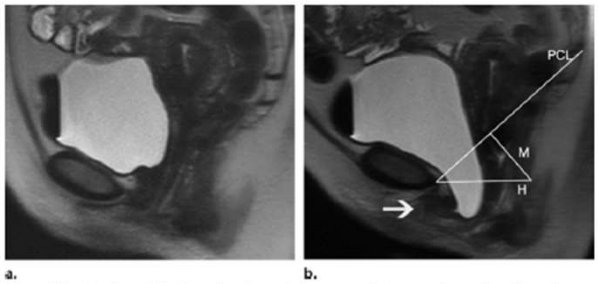
Hans Peter Dietz [1]

20

Arquivo pessoal

21

PROLAPSOS GENITAIS



a. b.

Figure 19. Grade 1 pelvic floor relaxation and descent, grade 2 cystocele, urethrocele, and urethral hypermobility in a 46-year-old multiparous woman with urinary frequency and urgency, constipation, and pelvic pain. Midsagittal single-shot fast SE MR images obtained with the patient at rest **(a)** and straining **(b)** demonstrate an anteroposterior hiatal dimension (H line) of 6.1 cm and a pelvic floor descent (M line) of 2.0 cm, findings that are consistent with grade 1 pelvic floor relaxation and descent. The bladder is 3.1 cm below the H line (consistent with a grade 2 cystocele), and the urethra is below the H line (consistent with a urethrocele). Urethral hypermobility is noted due to the horizontal configuration of the urethra during straining (arrow in **b**).

Table 2
HMO Grading of Pelvic Floor Relaxation

Grade	Hiatal Enlargement (cm)	Pelvic Floor Descent (cm)
0 (Normal)	<6	0–2
1 (Mild)	6–8	2–4
2 (Moderate)	8–10	4–6
3 (Severe)	≥10	≥6

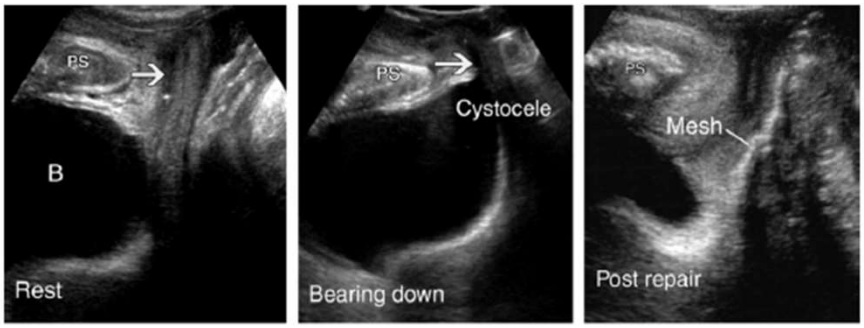
Table 3
HMO Grading of Pelvic Organ Prolapse

Grade	Organ Location Relative to H Line
0 (No prolapse)	Above
1 (Mild)	0–2 cm below
2 (Moderate)	2–4 cm below
3 (Severe)	≥4 cm below

CHAUDHARY, 2010

22

Dynamic US in the Assessment of Pelvic Floor Dysfunction



a. b. c.

Figure 20. Cystourethrocele and urethral hypermobility in a 50-year-old woman with a 4-year history of urinary incontinence. **(a)** Dynamic translabial US image obtained with the patient at rest shows a normally positioned urethra (arrow) and bladder *(B)*. *PS* = pubic symphysis. **(b)** On a dynamic translabial US image obtained with the patient straining, the urethra (arrow) and bladder extend caudal to the inferoposterior aspect of the pubic symphysis *(PS)*, a finding that is consistent with a cystourethrocele. **(c)** US image obtained after surgical repair demonstrates a mesh posterior to the proximal urethra, without evidence of a cystocele. *PS* = pubic symphysis.

CHAUDHARY, 2010

23

US X UROGINECOLOGIA

- Acessibilidade / baixo custo;
- Evolução tecnológica – transdutores de superfície e intracavitários de alta resolução + aquisição tridimensional ;
- Ferramenta diagnóstica / planejamento pré-operatório;
- Aplicabilidade em várias condições uroginecológicas
- Operador dependente – experiência e atualização constantes

24

OBRIGADA!

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25