

# Reporte preliminar: conciliación entre la clasificación revisada de ASRM y la clasificación de Enzian con imágenes de resonancia nuclear magnética y laparoscopia.

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Sin conflictos de interés

## ▶ Introduccion

La clasificación de la endometriosis es un asunto complejo. La World Endometriosis Society en su consenso sobre la clasificación de la endometriosis dice claramente: “hasta que se desarrollen mejores sistemas de clasificación, los cirujanos deberían utilizar todas las herramientas disponibles para clasificar quirúrgicamente la endometriosis (incluyendo la r-ASRM, cuando sea apropiado la de Enzian, y el Índice de

Fertilidad para Endometriosis – EFI), a fin de maximizar la información a brindar a la paciente luego de la cirugía”. (1) Presentamos acá un breve informe preliminar en el que comparamos y compatibilizamos la clasificación rASRM post-laparoscópica con la de Enzian, elaborada antes de la cirugía mediante los hallazgos del examen ginecológico, y la resonancia nuclear magnética (MRI).

## ▶ Objetivo

To compare endometriosis staging with rASRM classification after laparoscopy, and previous staging with the Enzian classification using, images obtained with contrast magnetic resonance



imaging (MRI) before surgery, in order to find if both proposals can be complementary.

## ▶ Design

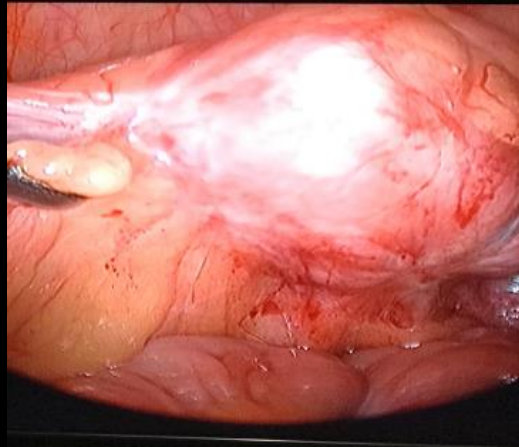
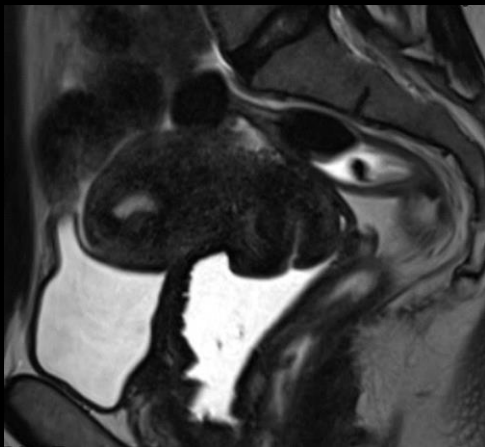
Preliminary retrospective cohort observational study.

## ▶ Material and methods

Eighty four patients studied by high - definition triple contrast MRI were staged by Enzian (E). Seventeen subjects were later operated by laparoscopy, staged by rASRM (r). Only two surgeons

performed all surgeries. Stages were compared in an ongoing preliminary report.

### Posterior vaginal vault, cervix and rectosigmoid adhesion with Douglas Pouch blockade



▶ Triple contrast MRI

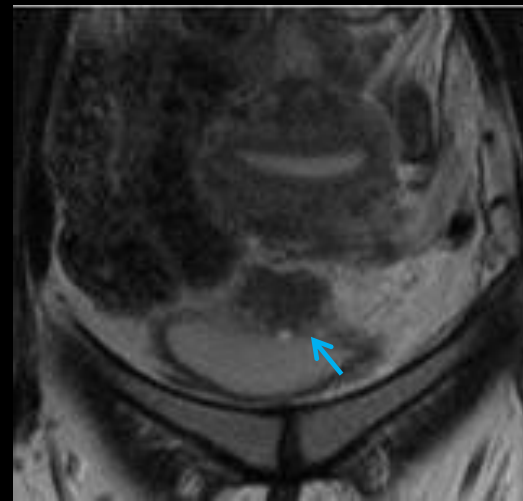
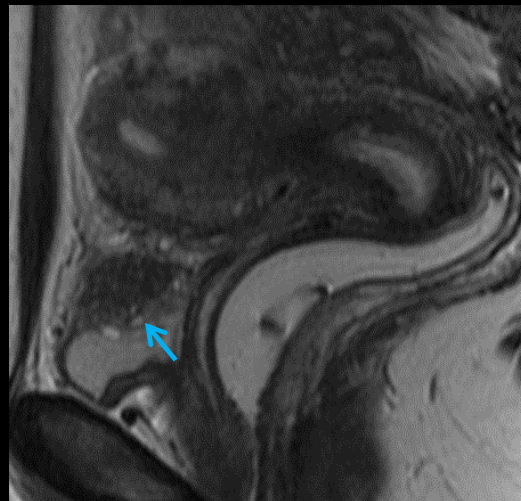
▶ Laparoscopy



### Bilateral endometrioma



### Vesical infiltration



▶ Nodular image on bladder roof

# Results

To simplify procedures, the MRI images were classified as Enzian 1, 2, 3, F or 0 (absent) (2):

- 1) Three cases were (E1)
- 2) One case was (E2)
- 3) Two were (E3)
- 4) Three were (EF)
- 5) Nine were (E0) - presented no deep infiltrating endometriosis (DIE)

**ENZIAN 2012**  
Classification of Deep Infiltrating Endometriosis (according to the Endometriosis Research Foundation, SER)

**Compartment A, B or C**

**Level**

**1 < 1 cm**

**2 1 - 3 cm**

**3 > 3 cm**

**F** Uterine and other extragenital deep infiltration endometriosis

FA Adenomyosis  
FB Bladder  
FU Uterix intrinsic  
FI Intestine, others (Sigmoid, Cecum, Appendix, Ileum)  
FO Other localisation (Lung, Diaphragm, Inguinal region, etc.)

At laparoscopy, findings were classified according to the rASRM classification (3):

- 1) Two patients were staged as rASRM one (r1)
- 2) Four as (r2)
- 3) Two as (r3)
- 4) Nine as (r4).

**AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE  
REVISED CLASSIFICATION OF ENDOMETRIOSIS**

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_  
Stage (Minimal) - 1-5 Laparoscopy \_\_\_\_\_ Laparotomy \_\_\_\_\_ Photography \_\_\_\_\_  
Stage II (Moderate) - 6-15 Recommended Treatment \_\_\_\_\_  
Stage IV (Severe) - > 40 Prognosis \_\_\_\_\_

PERITONEUM	ENDOMETRIOSIS	< 1cm	1-3cm	> 3cm
	Superficial	1	2	4
	Deep	2	4	6
	R. Superficial	1	2	4
OVARY	Deep	4	16	20
	L. Superficial	1	2	4
	Deep	4	16	20
	POSTERIOR CULDESAC OBLITERATION	Partial	Complete	
ADHESIONS	< 1/3 Enclosure	1/3-2/3 Enclosure	> 2/3 Enclosure	
	R. Filmy	1	2	4
	Dense	4	8	16
	L. Filmy	1	2	4
TUBE	Dense	4	8	16
	R. Filmy	1	2	4
	Dense	4	8	16
	L. Filmy	1	2	4
Dense	4	8	16	

If the fimbriated end of the fallopian tube is completely enclosed, change the point assignment to 16.  
Denote appearance of superficial implant types as red (R), red, red-pink, flame-like, vesicular blots, clear vesicles, white (W), specifications, peritoneal defects, yellow-brown, or black (B) black, hemosiderin deposits, blue). Denote percent of total described as R, %, W, %, and B, %. Total should equal 100%.

Additional Endometriosis: \_\_\_\_\_ Associated Pathology: \_\_\_\_\_

To Be Used with Normal Tubes and Ovaries To Be Used with Abnormal Tubes and/or Ovaries

**EXAMPLES & GUIDELINES**

**STAGE I (MINIMAL)** **STAGE II (MILD)** **STAGE III (MODERATE)**

**PERITONEUM**  
Superficial Endo - < 1-3cm - 2  
Deep Endo - > 3cm - 6  
R. OVARY  
Superficial Endo - < 1cm - 1  
Filmy Adhesions - < 1/3 - 1  
TOTAL POINTS - 4

**PERITONEUM**  
Deep Endo - > 3cm - 6  
CULDESAC  
Partial Obliteration - 4  
L. OVARY  
Deep Endo - 1-3cm - 16  
TOTAL POINTS - 20

**STAGE III (MODERATE)** **STAGE IV (SEVERE)** **STAGE IV (SEVERE)**

**PERITONEUM**  
Superficial Endo - > 3cm - 4  
R. TUBE  
Filmy Adhesions - < 1/3 - 1  
Dense Adhesions - < 1/3 - 1  
L. TUBE  
Dense Adhesions - < 1/3 - 16  
L. OVARY  
Deep Endo - < 1cm - 4  
Dense Adhesions - < 1/3 - 4  
TOTAL POINTS - 30

**PERITONEUM**  
Deep Endo - > 3cm - 4  
CULDESAC  
Complete Obliteration - 40  
R. OVARY  
Deep Endo - 1-3cm - 16  
L. TUBE  
Dense Adhesions - < 1/3 - 4  
Dense Adhesions - > 2/3 - 16  
L. OVARY  
Deep Endo - 1-3cm - 16  
Dense Adhesions - > 2/3 - 16  
TOTAL POINTS - 114

\*Point assignment changed to 16  
\*\*Point assignment doubled

Determination of the stage or degree of endometrial involvement is based on a weighted point system. Distribution of points has been arbitrarily determined and may require further revision or refinement as knowledge of the disease increases.

To ensure complete evaluation, inspection of the pelvis in a clockwise or counterclockwise fashion is encouraged. Number, size and location of endometrial implants, plaques, endometriomas and/or adhesions are noted. For example, five separate 0.5cm superficial implants on the peritoneum (2.5 cm total) would be assigned 2 points. (The surface of the uterus should be considered peritoneum.) The severity of the endometriosis or adhesions should be assigned the highest score only for peritoneum, ovary, tube or culdesac. For example, a 4cm superficial and a 2cm deep implant of the peritoneum should be given a score of 6 (not 8). A 4cm

deep endometrioma of the ovary associated with more than 3cm of superficial disease should be scored 20 (not 24).

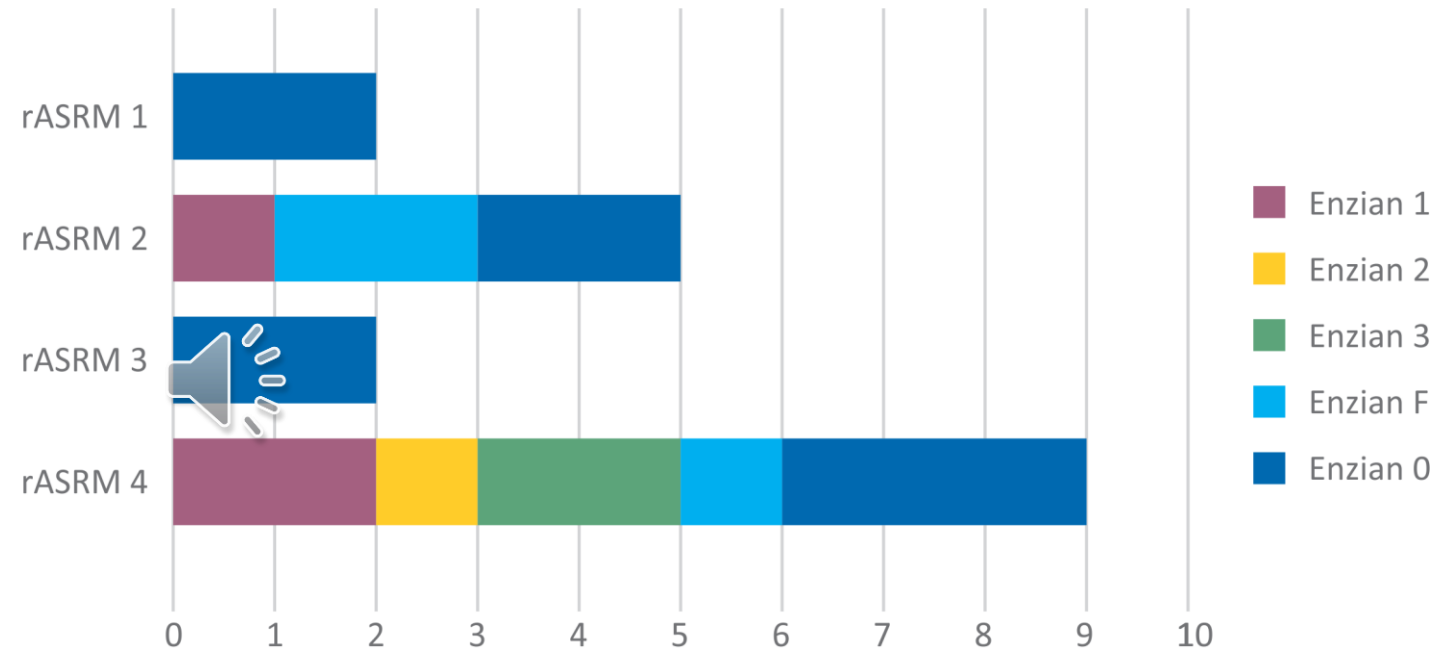
In those patients with only one adenexa, points applied to disease of the remaining tube and ovary should be multiplied by two. \*Points assigned may be circled and totaled. Aggregation of points indicates stage of disease (minimal, mild, moderate, or severe).

The presence of endometriosis of the bowel, urinary tract, fallopian tube, vagina, cervix, skin etc., should be documented under "additional endometriosis." Other pathology such as tubal occlusion, leiomyomata, uterine anomaly, etc., should be documented under "associated pathology." All pathology should be depicted as specifically as possible on the sketch of pelvic organs, and means of observation (laparoscopy or laparotomy) should be noted.

## Compatibilization

- 1) The two (r1) were (E0)
- 2) Of the four (r2):
  - 1 was (E1 & EF)
  - 2 (E0)
  - 1 (EF).
- 1) The two (r3) were (E0).
- 2) Of the 9 (r4):
  - 2 were (E1)
  - 1 (E2)
  - 2 (E3)
  - 1 (EF)
  - 3 (E0).

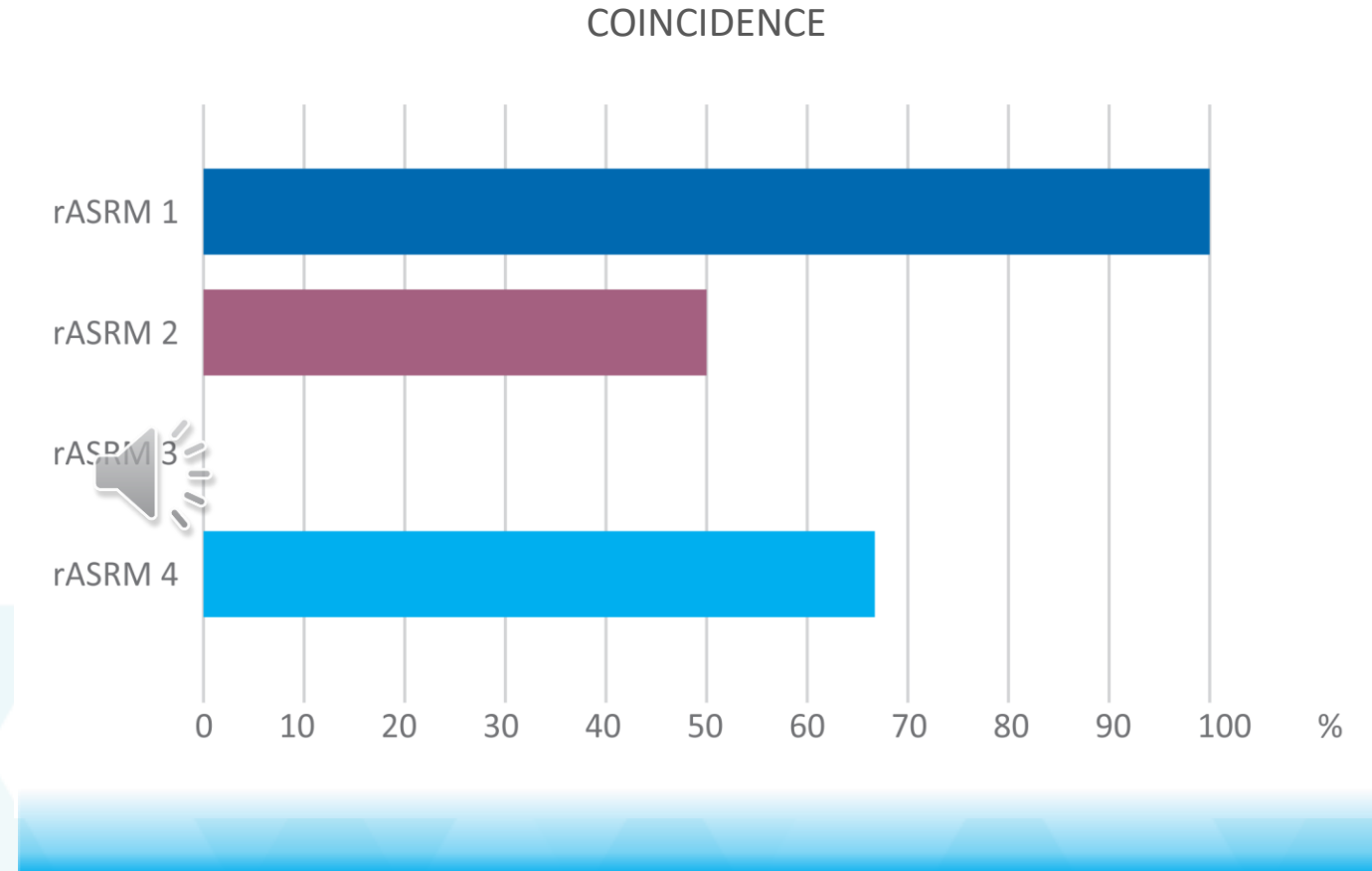
COMPATIBILIZATION



## ▶ Conclusions

Considering this small “n”, we can see at both ends (r1 & r4), a coincidence with Enzian (100% and 66.66% respectively). In the midway, (r2) had a 50% coincidence, and (r3) no coincidence.

We encourage other authors to compare and compatibilize these classifications to better stage endometriosis.



## ▶ Bibliography

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3) Revised American society for reproductive medicine classification of endometriosis: 1996, Fertil Steril, 67 (5) (1997), pp. 817-821