

Setting: A retrospective study was conducted to demonstrate our hypothesis.

Patients: We enrolled 300 women with suspect and definitive diagnosis of deep endometriosis.

Intervention: All patients were subjected to medical therapy for 6 months. We divided the study population into two groups: Group A (n=150): gluten-free diet + medical therapy (dienogest 2 mg) and Group B (n=150) only medical therapy (dienogest 2 mg).

All patients were evaluated at the beginning, during the therapy and at the end of therapy throughout a clinical diary and pelvic pain was evaluated with the Visual Analogue Scale (VAS).

Measurements and Main Results: Our data showed a statistically significant improvement of pelvic pain in the group A (dienogest + gluten-free diet).

Conclusion: Gluten-free diet could improve the clinical management of deep infiltrating endometriosis symptoms.

132

Histological Findings Following Excision of Peritoneal

Endometriosis With and Without Using Aqua Blue

Contrast Technique (ABCt™)

Seckin TA,¹ Newman NC,² Seckin S.² ¹Ob/Gyn, Lenox Hill Hospital, North Shore-LIJ Health System, New York, New York; ²Sidney Kimmel Medical College, Philadelphia, Pennsylvania

Study Objective: To evaluate the histological findings of peritoneal excision specimens for suspected endometriosis using ABCt™, hydrodistention of retroperitoneum with blue contrast water for enhanced visual recognition.

Design: Retrospective chart review of patients who underwent surgery for diagnosis and treatment of endometriosis.

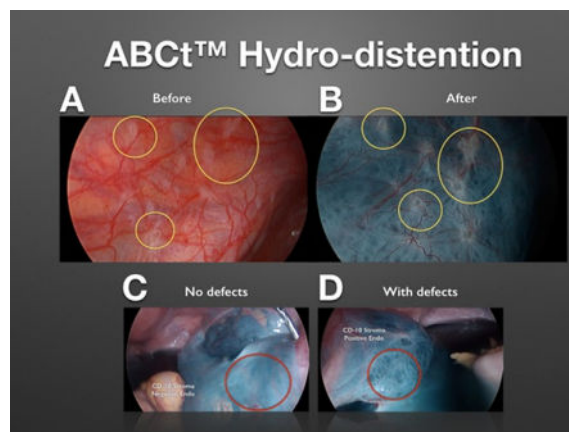
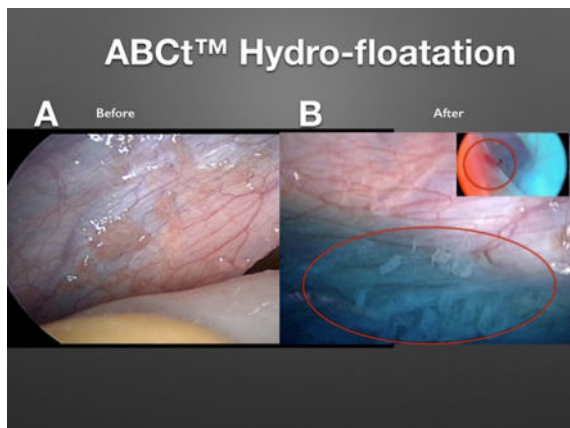
Setting: North Shore-LIJ Lenox Hill Hospital affiliated tertiary referral private practice.

Patients: Total of 775 abnormal peritoneal lesions were excised and submitted for definitive histological diagnosis of 115 endometriosis patients during the year of 2014. Cases involving ovarian endometriomas and deeply infiltrating endometriosis were excluded.

Intervention: All abnormal peritoneum visually recognized by near-contact laparoscopic inspection were excised using cold scissors. Retroperitoneum of the pelvic sidewalls were hydrodistended with blue dye adjuvant (Methylene Blue). Elimination of red, yellow and white hues allow background contrast for visual assistance recognizing non-pigmented foci of peritoneal thickening suggestive of subtle endometriosis.

Measurements and Main Results:

Pelvic sidewalls and cul de sac were inspected under direct submersion in adjuvant (Figure 1), but ABCt™ hydrodistention (Figure 2) was only performed on the pelvic sidewalls. Histological diagnoses were typical endometriosis, stromal endometriosis, inflammation, and fibrosis. The total number of specimens removed from the pelvic sidewalls was significantly greater than that removed from the cul de sac (663 from sidewalls, 112 from cul de sac; $z=2.133$, $p<0.05$). The proportion of



Histological outcomes of specimens excised from the pelvic sidewall versus the cul de sac

	Sidewalls	Cul de Sac	Total
Typical endometriosis	349	58	407
Stroma-positive	47	2	49
Inflammation	198	39	237
Fibrotic	69	13	82
Total	663	112	775

stromal endometriosis histological diagnoses was significantly greater in pelvic sidewalls excisions than cul de sac excisions (47 from sidewalls, 2 from cul de sac; $z=19.79$, $p<0.0001$).

Conclusion: Results indicate elimination of high-end spectrum of light using ABCt™ with hydrodistention of the retroperitoneum enhances the surgeon's vision. As evidenced by the increased number of excision specimens and proportion of stroma-positive specimens excised from areas, there are more lesions not seen and not excised under contemporary laparoscopic inspection.

133

Accuracy of Magnetic Resonance Imaging (MRI) in the Diagnosis of Endometriosis – Evaluation of an Institutional Protocol

Lopes L,¹ Hindman N,² Huang K.³ ¹Research Fellow, NYU School of Medicine, New York, New York; ²Radiology, NYU School of Medicine, New York, New York; ³Ob/Gyn - Minimally Invasive and Robotic Surgery, NYU School of Medicine, New York, New York

Study Objective: The purpose of this study is to evaluate a specific Magnetic Resonance Imaging (MRI) protocol developed for the diagnosis of deep endometriosis; its accuracy and reproducibility when utilized by inexperienced radiologists.

Design: We conducted a cross-sectional retrospective study investigating MRI findings of endometriosis in women with chronic pelvic pain, and its correlation with surgical and pathological findings from January 2013 through October 2014.

Setting: This study occurred within the NYULMC Department of Obstetrics and Gynecology, in collaboration with the Department of Radiology, utilizing an electronic database.

Patients: Patients with a positive MRI for endometriosis (n= 579) were cross-referenced with surgical and pathological reports. After analysis of our exclusion criteria, a total of 47 patients were included in this study.

Measurements and Main Results: The sensitivity, specificity, positive and negative predictive values (PPV and NPV), positive and negative likelihood ratios (PLR and NLR) and accuracy was determined for each MRI criteria and overall. The inter observer agreement was evaluated using Cohen kappa