#ENZIAN

Classification of peritoneal, ovarian and deep endometriosis

TEILNEHMER AG #ENZIAN KLASSIFIZIERUNG

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TIVE

AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE REVISED CLASSIFICATION OF ENDOMETRIOSIS

Patient's Name	Date	
Stage I (Minimal) - 1-5 Stage II (Mild) - 6-15 Stage III (Moderate) - 16-40 Stage IV (Severe) -) 40	LaparoscopyLaparotomyPhotography Recommended Treatment	
Total	Prognosis	

PERITONEUM	ENDOMETRIOSIS	<1cm	1-3cm	>3cm
5	Superficial	1	2	4
PER	Deep	2	4	6
	R Superficial	1	2	4
RY	Deep	4	16	20
OVARY	Superficial	1	2	4
	Deep	4	16	20
7	POSTERIOR CULDESAC	Partial		Complete
	OBLITERATION	4		40
	ADHESIONS	<1/3 Enclosure	1/3-2/3 Enclosure	>2/3 Enclosure
ż	R Filmy	1	2	4
OVARY	Dense	4	8	16
0	L Filmy	1	2	4
	Dense	4	8	16
2	R Filmy	1	2	4
	Dense	4*	8.	16
TUBE	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, flamelike, vesicular blobs, clear vesicles], white [(W), opacifications, 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%.

Classification of Deep	Infiltrating Endometric	osis (according to the Endome	triosis Research Foundation, SE
Compartment A, B or C	A Rectovaginal space Vagina	B Sacrouterine ligaments Cardinal ligaments Pelvic sidescall External ureter compression	Rectum
Level 1 < 1 cm	A1	B1	C1
2 1 - 3 cm	A2	B2	C2
3 > 3 cm	A3	B3	C3
Uterine and other extragenital deep infiltration	FA Adenomyosis	FB Bladder	FU Ureter, intrinsisc
endometriosis	FI Intestine, others (Sigmoid, Coecum, Appendix, Ileum)	FO Other localisation Lung Diaphragm Inguinal region e.g.	© Keckstein

ENDOMETRIOSIS FERTILITY INDEX (EFI) SURGERY FORM

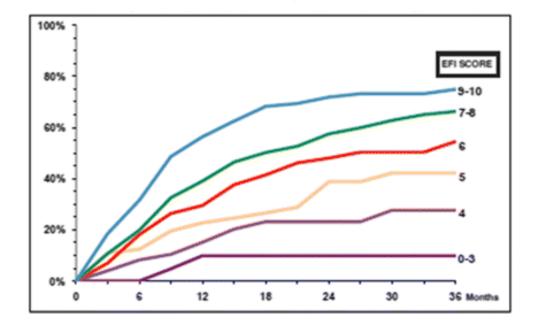
LEAST FUNCTION (LF) SCORE AT CONCLUSION OF SURGERY

Score		Description		Left	Right	
4	=	Normal	Fallopian Tube			
2	=	Mild Dysfunction Moderate Dysfunction	Fimbria			
0	=	Severe Dysfunction Absent or Nonfunctional	Ovary			
the left side and the	he k	ore, add together the lowest score for owest score for the right side. If an ovary , the LF score is obtained by doubling the ide with the ovary.	Lowest Score	Left	+ = Right	LF Score

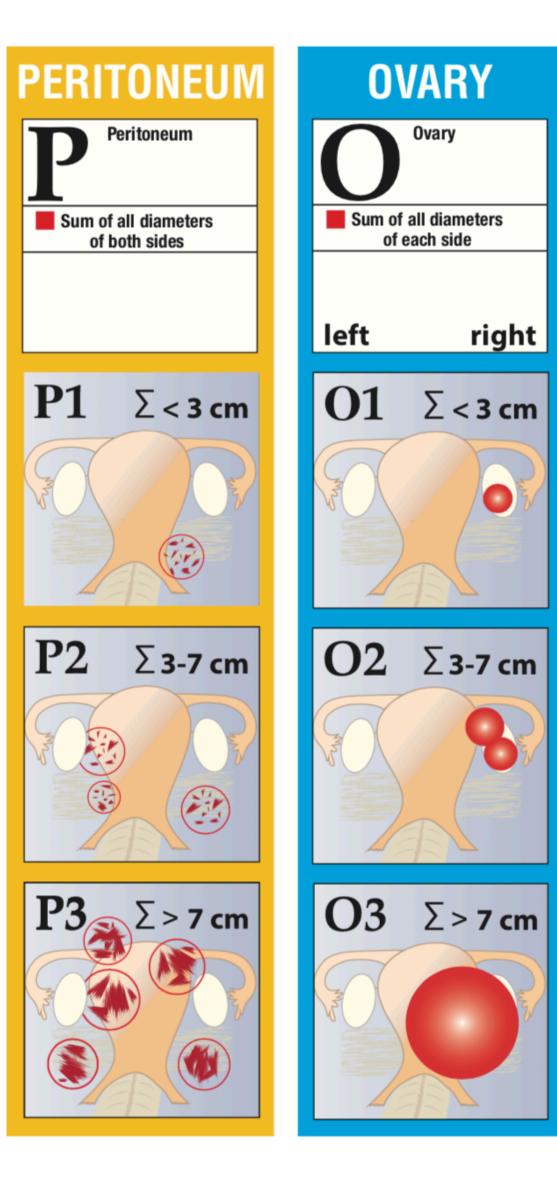
ENDOMETRIOSIS FERTILITY INDEX (EFI)

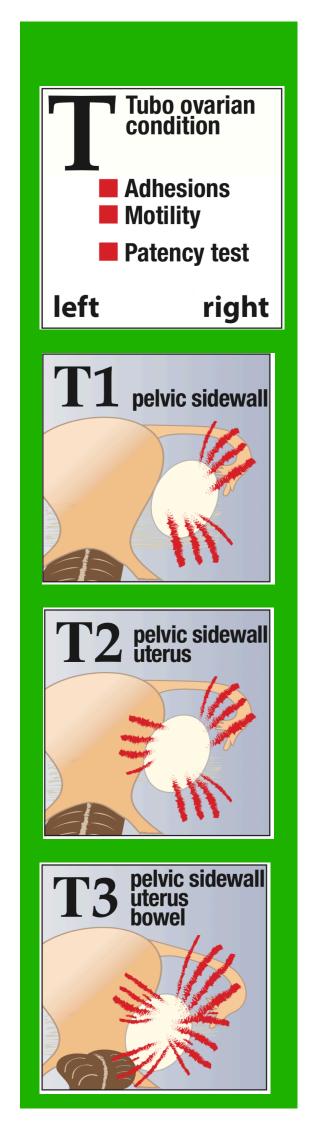
Historical Factors		Surgical Factors	
Factor Description	Points	Factor Description	Poin
Age		LF Score	
If age is ≤ 35 years	2	If LF Score = 7 to 8 (high score)	3
If age is 36 to 39 years	1	If LF Score = 4 to 6 (moderate score)	2
If age is ≥ 40 years	0	If LF Score = 1 to 3 (low score)	0
Years Infertile		AFS Endometriosis Score	
If years infertile is≤3	2	If AFS Endometriosis Lesion Score is < 16	1
If years infertile is > 3	0	If AFS Endometriosis Lesion Score is ≥ 16	0
Prior Pregnancy		AFS Total Score	
If there is a history of a prior pregnancy	1	If AFS total score is < 71	1
If there is no history of prior pregnancy	0	If AFS total score is ≥ 71	0
Total Historical Factors		Total Surgical Factors	
I = TOTAL HISTORICAL FACTORS + TOTAL SURGIC	AL FACTORS:	+ =	
		Historical Surgical EFI Sco	ore

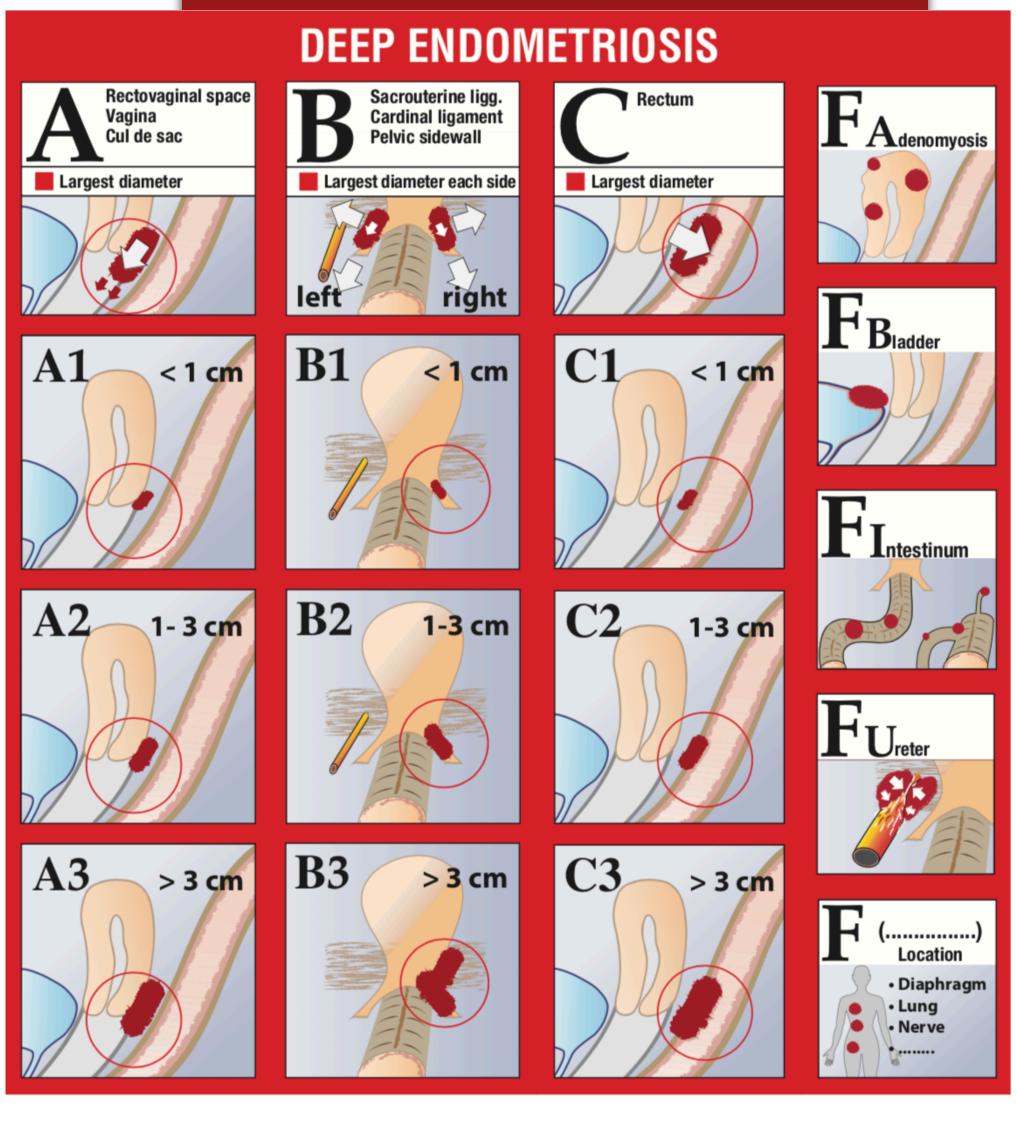
ESTIMATED PERCENT PREGNANT BY EFI SCORE



#ENZIAN









$$T_{
m left}$$
 /

$$\mathbf{A}_{---}$$
 \mathbf{B}_{-}

 \mathbf{F}_{-} (Location)

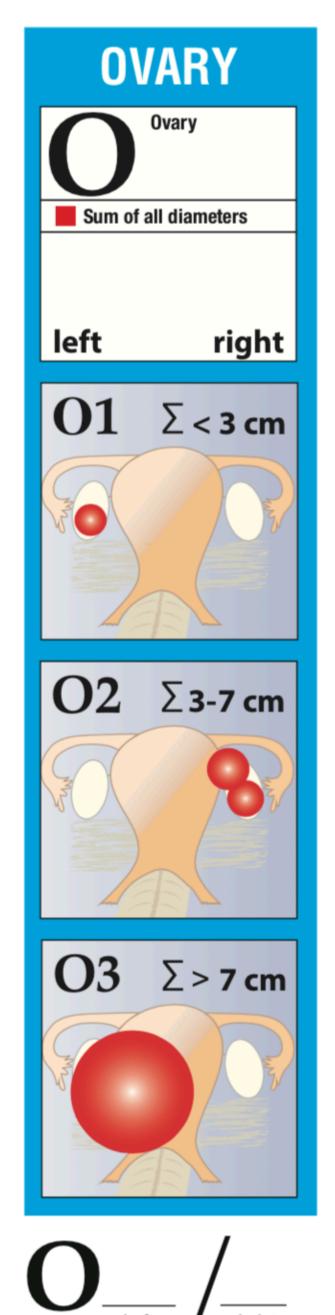
Sum of all diameters Σ < 3 cm ∑3-7 cm

UPDATED #ENZIAN- CLASSIFICATION

PERITONEAL ENDOMETRIOSIS = P

	cm
P 1	<3
P 2	3–7
P 3	>7

- 1. Virtual area of the circle in which all lesions fit in
- 2. Diameter of circle (cm)
- 3. Number of foci is not respected
- 4. USD and MRI not to be used for P
- 5. All superficial lesions, <5 mm (visceral and parietal peritoneum)



m ovary is missing

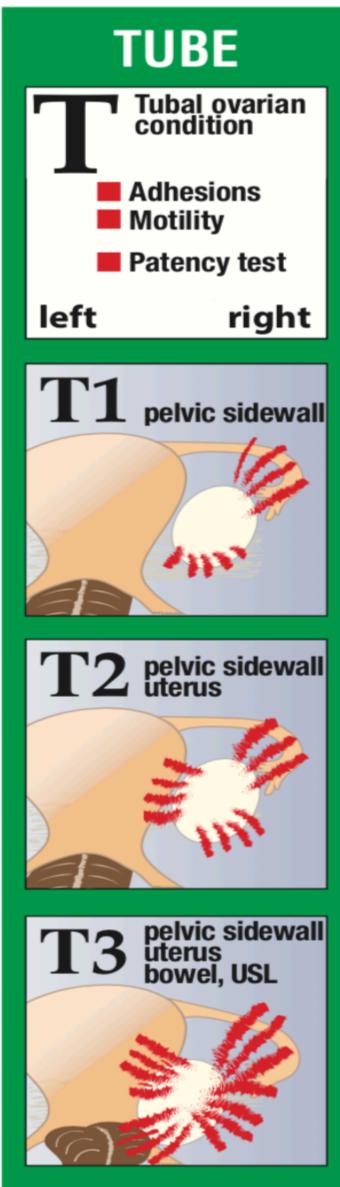
x unknown / not visible

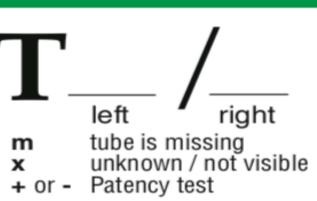
UPDATED #ENZIAN- CLASSIFICATION

OVARIAN-ENDOMETRIOSIS = 0

	Diameter (cm)	l/r
01	< 3	
0 2	3–7	
03	>7	

- Sum of maximal diameters of all endometriotic lesions
- ➤ left und right separately annotated (1/r).
- ➤ Superficial peritoneal lesions (P) on the ovarian surface are not respected
- > m ovary missing
- x unknown/ not visible
- ➤ Ultrasound: use IOTA criteria, maximal diameter in cm

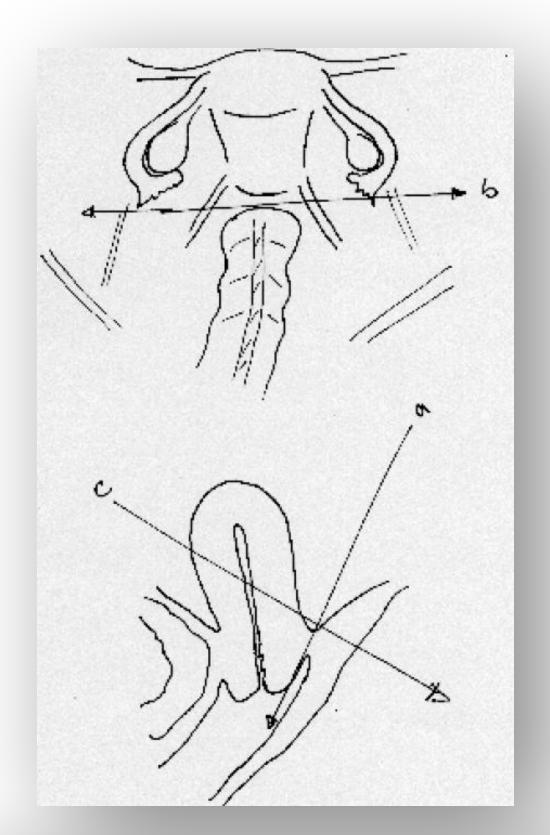




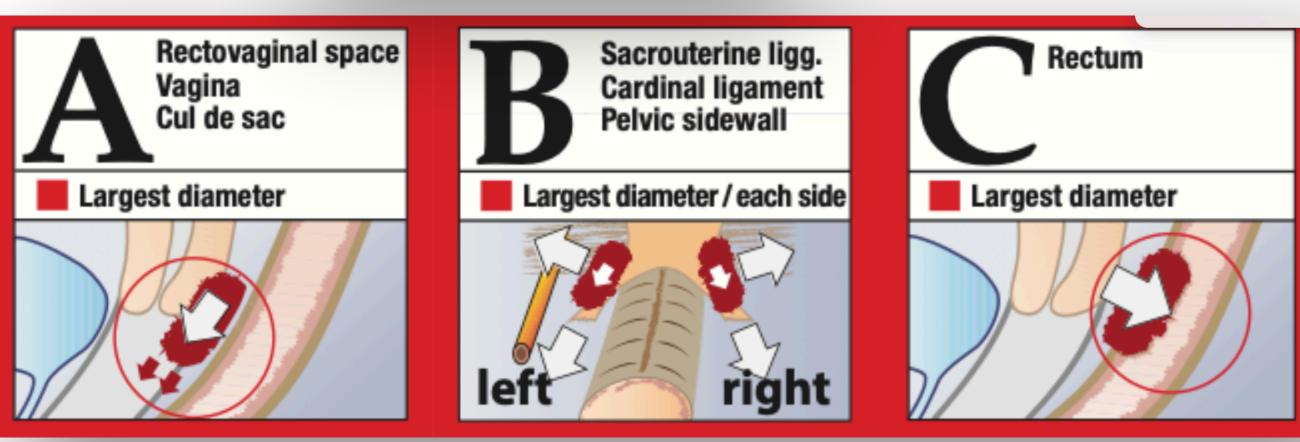
UPDATED #ENZIAN- CLASSIFICATION
ADHESIONS - TUBOOVARIAN UNIT

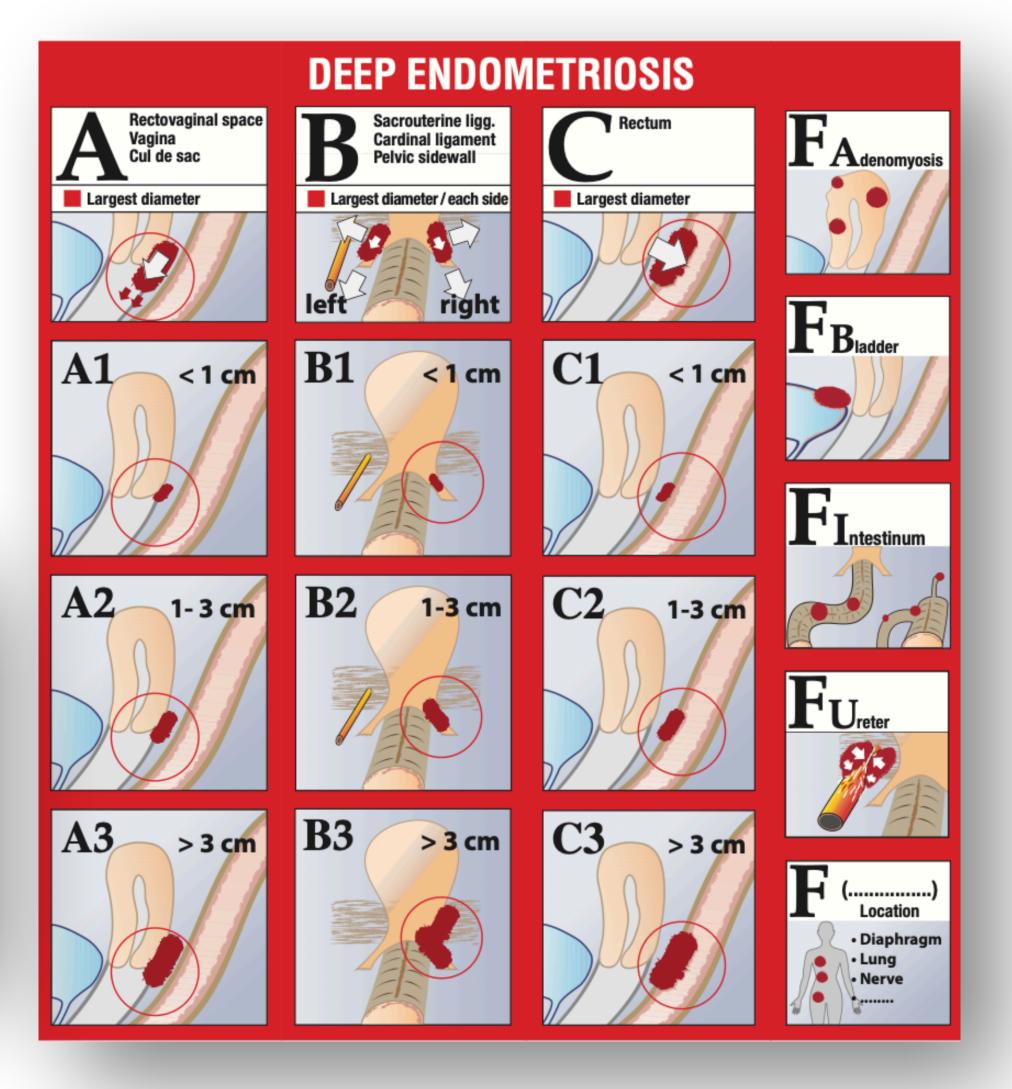
Ţ	Descriptive	l/r
T ₁	mild, tuboovarian unit adhesive to pelvic sidewall	
T ₂	moderate T1 and adhesive to uterus	
T 3	Severe T 2 and adhesive to bowel /USL	

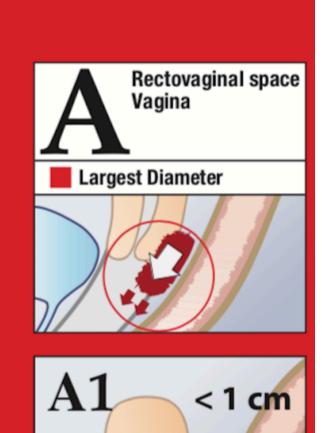
- Classify left (l) and right (r) seperately
- ➤ Criteria for classification are:
 - ➤ adhesions,
 - > Patency test
- > m tube is missing
- x unknown/not visible
- > + or Patency test: pos. or neg.



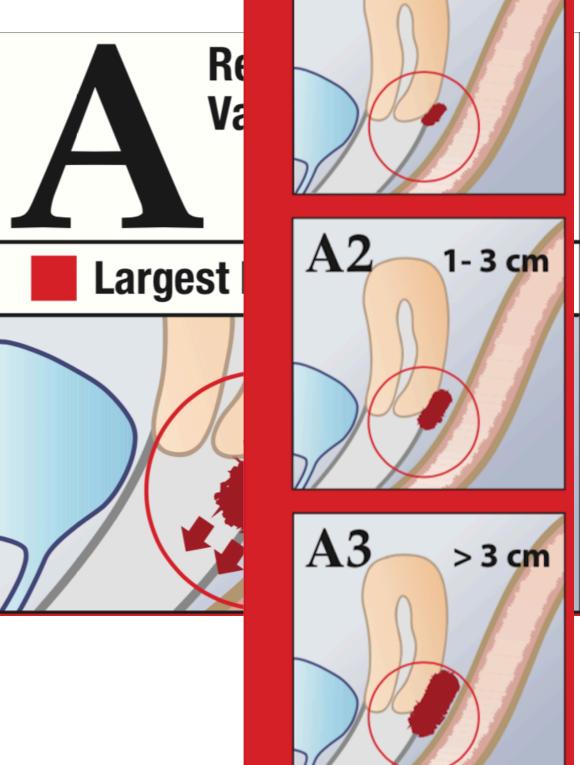
ENZIAN Klassifikation (2002, 2012)





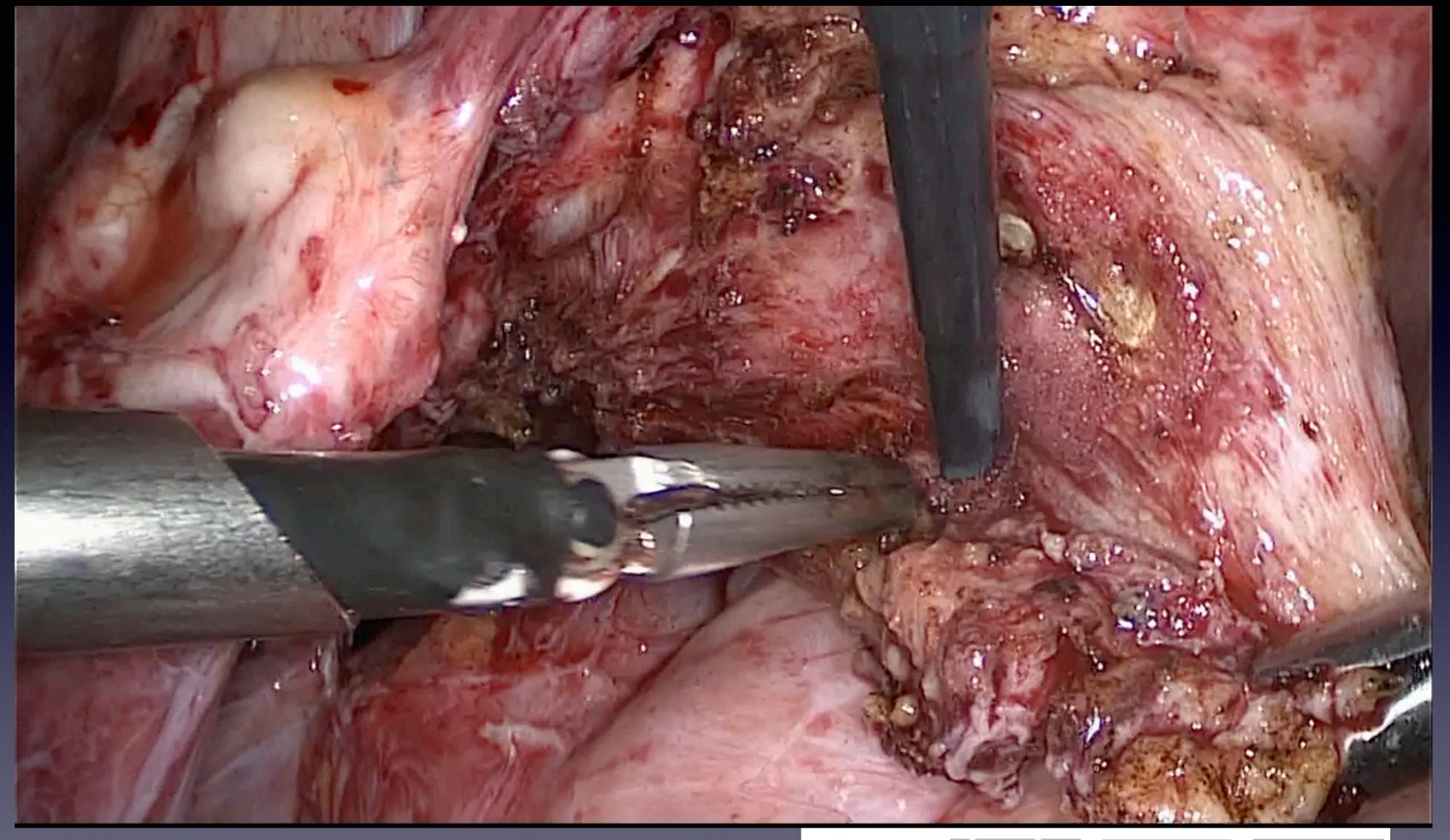


A COMPARTMENT (VAGINA, RECTOVAGINAL SEPTUM – RVS)

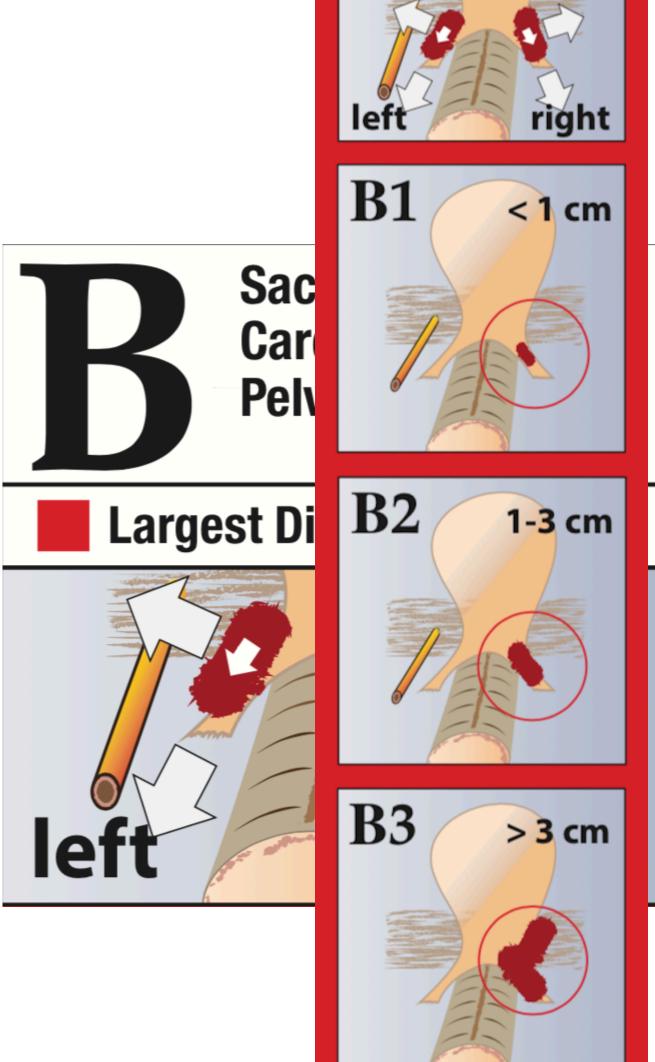


	Length (cm)
A 1	< 1
A 2	1-3
A 3	>3

- ➤ Maximal diameter (cm) measured in sagittal, i.e. midline section
- ➤ Ultrasound: use IDEA definition of vagina and RVS



2 1 - 3 cm A3 B3 C2 C2 B3 C3



Sacrouterine ligg. Cardinal ligaments Pelvic sidewall

Largest Diameter

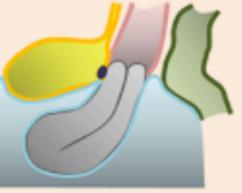
UPDATED #ENZIAN- CLASSIFICATION

B COMPARTMENT (UTEROSACRAL/ CARDINAL LIGAMENTS, PELVIC SIDEWALL)

	Length (cm)	l/r
B 1	< 1	1
B 2	1–3	-
B 3	>3	1

- ➤ Maximal diameter, measured in lateral/laterodorsal direction
- ➤ Annotation of the left (l)and right(r) side is separated by a slash (/)
- ➤ Ultrasound: oblique section

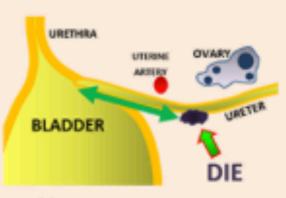
COMPARTMENT ANTERIOR



BLADDER BASE



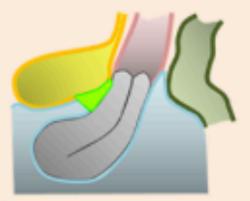
BLADDER DOME



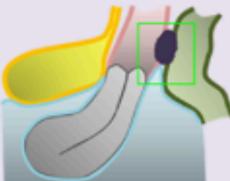
URETER

RECTAL

WALL



UTEROVESICAL OBLITERATION



RECTOVAGINAL

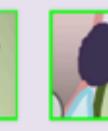


SEPTUM ONLY

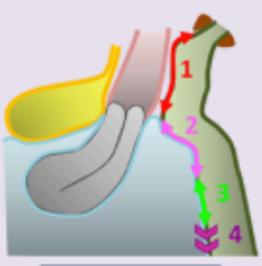


WALL

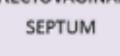
VAGINAL

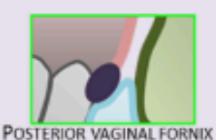


VAGINA & RECTUM



1 LOWER (retroperitoneal) ANTERIOR RECTAL DIE LESIONS 2 UPPER (visible at laparescopy) ANTERIOR RECTAL DIE LESIONS 3 RECTOSIGMOID JUNCTION DIE 4 ANTERIOR SIGMOID DIE LESIONS





'DIABOLO-LIKE' NODULE



UTEROSACRAL LIGAMENT

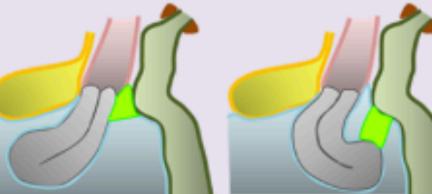




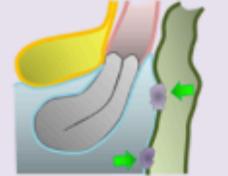
TORUS UTERINUS



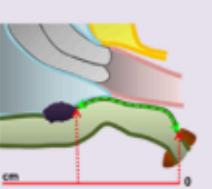
POUCH OF DOUGLAS OBLITERATION



COMPARTMENT POSTERIOR



RECTUM & RECTOSIGMOID





Systematic approach to sonographic evaluation of the pelvis in women with suspected endometriosis, including terms, definitions and measurements: a consensus opinion from the International Deep Endometriosis Analysis (IDEA) group

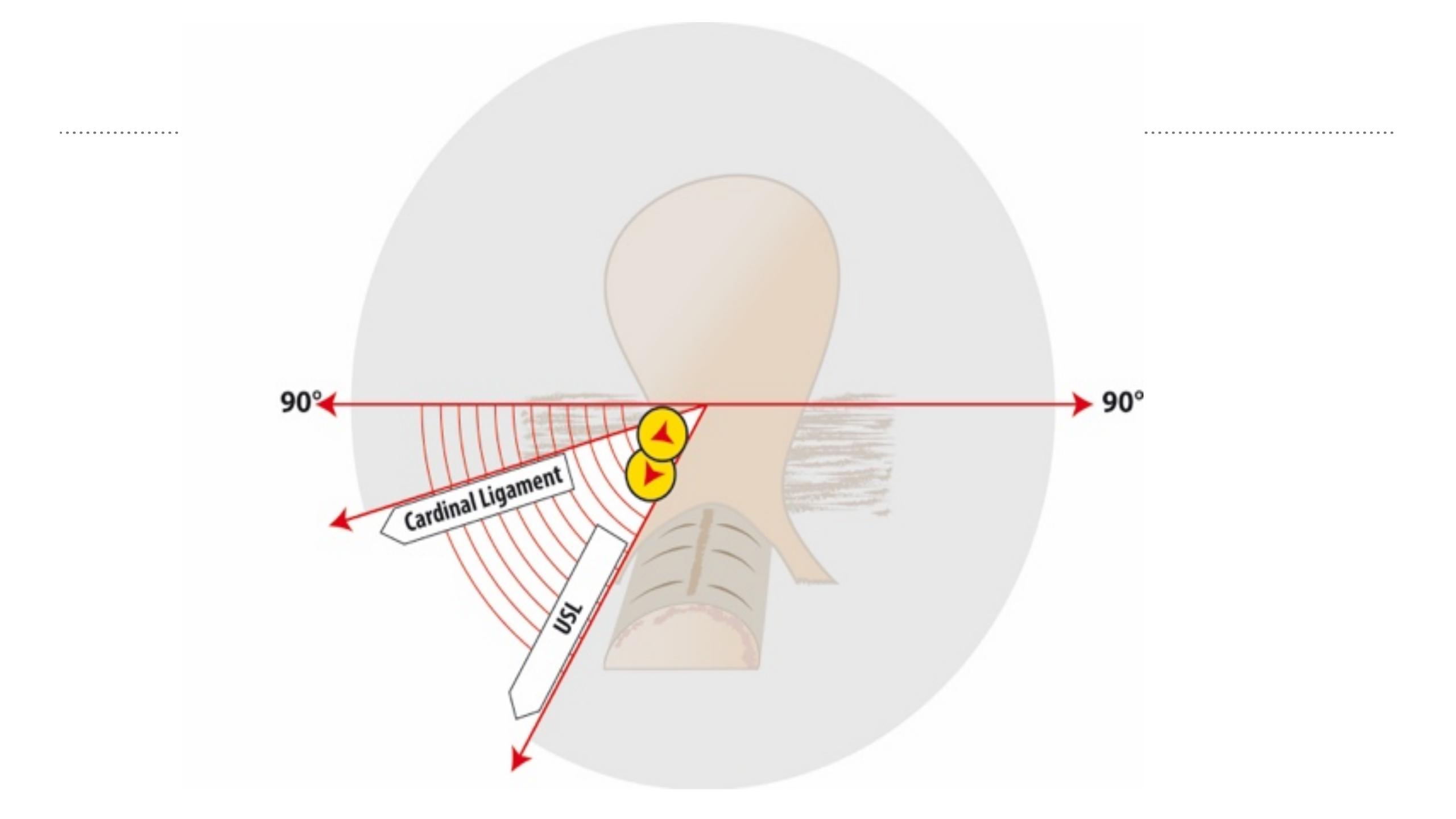


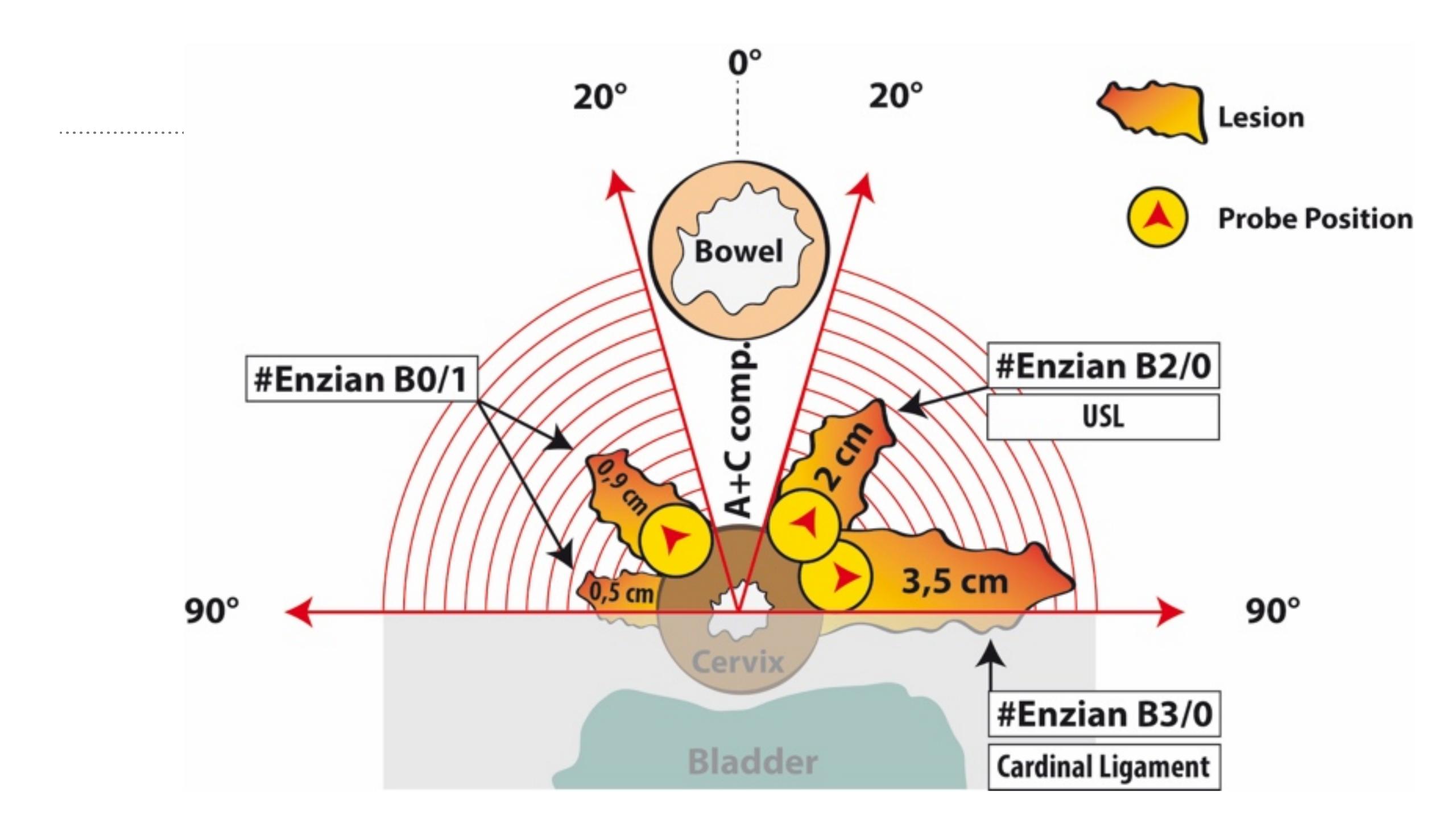
View issue TOC Volume 48, Issue 3 September 2016 Pages 318-332

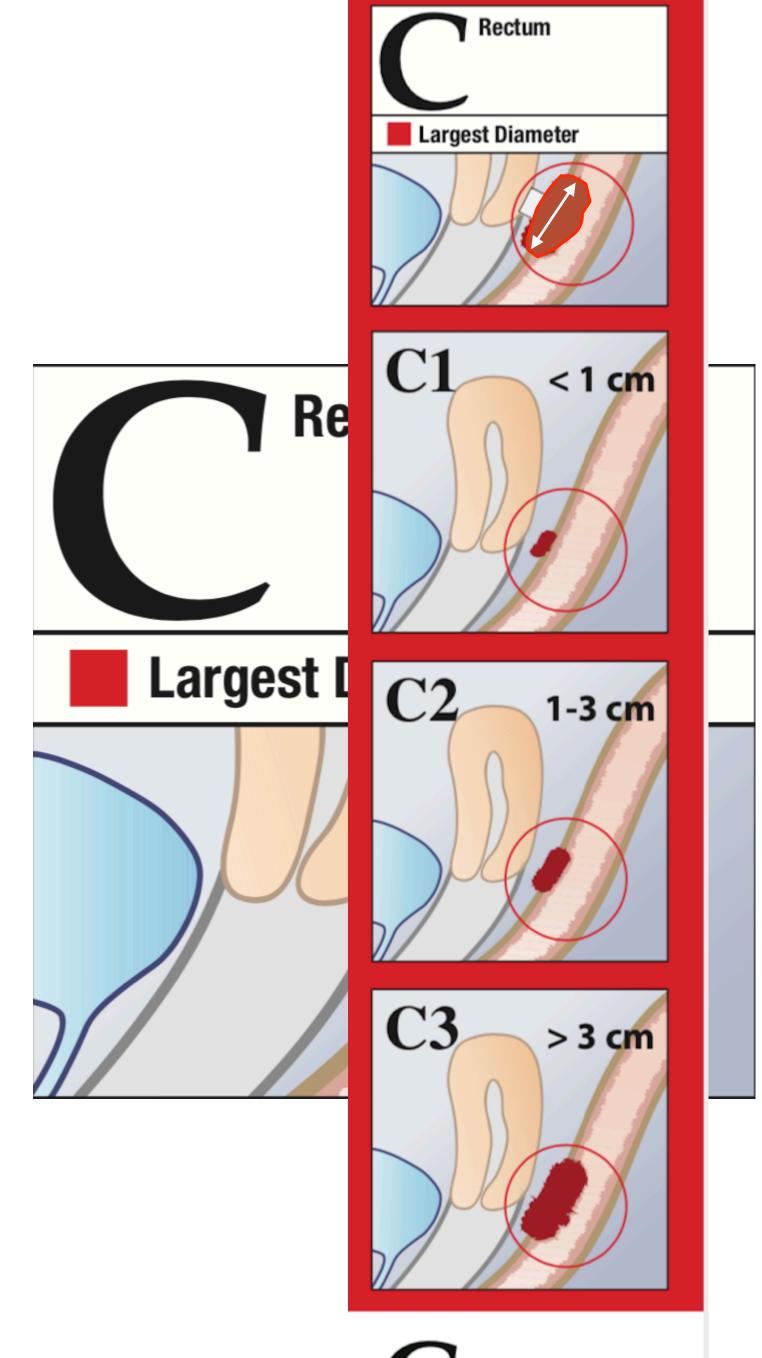
- S. Guerriero, G. Condous M, T. van den Bosch, L. Valentin, F. P. G. Leone,
- D. Van Schoubroeck, C. Exacoustos, A. J. F. Installé, W. P. Martins, M. S. Abrao,
- G. Hudelist, M. Bazot, J. L. Alcazar, M. O. Gonçalves, M. A. Pascual, S. Ajossa,
- L. Savelli, R. Dunham, S. Reid, U. Menakaya, T. Bourne, S. Ferrero, M. Leon,
- T. Bignardi, T. Holland, D. Jurkovic, B. Benacerraf, Y. Osuga, E. Somigliana,
- D. Timmerman

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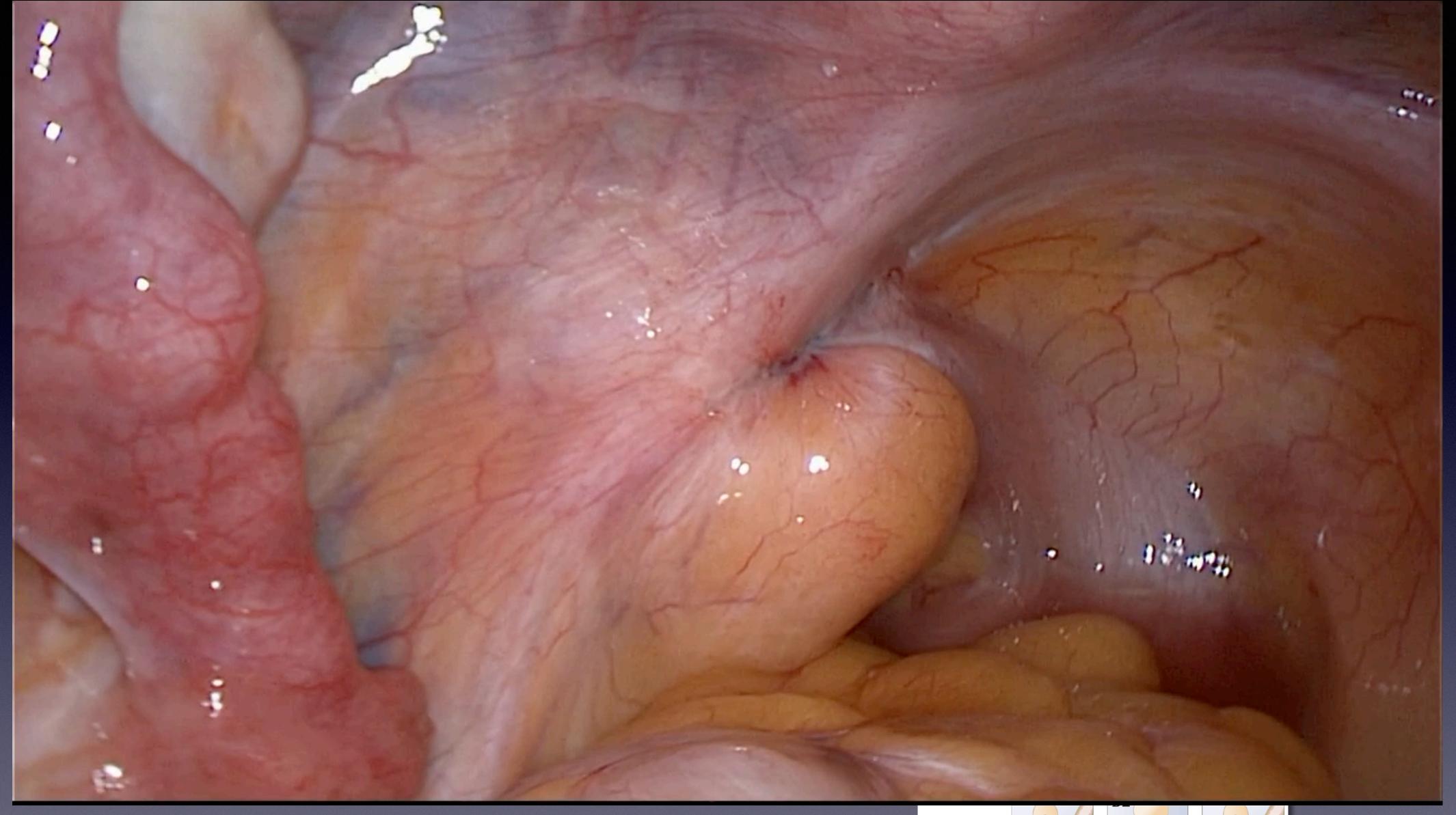


C COMPARTMENT (RECTUM)

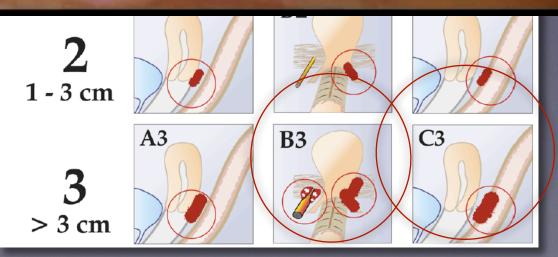
	Lenght (cm)
C 1	≤ 1
C 2	1-3
C 3	>3

➤ Maximal diameter (cm) of the lesion in sagittal section

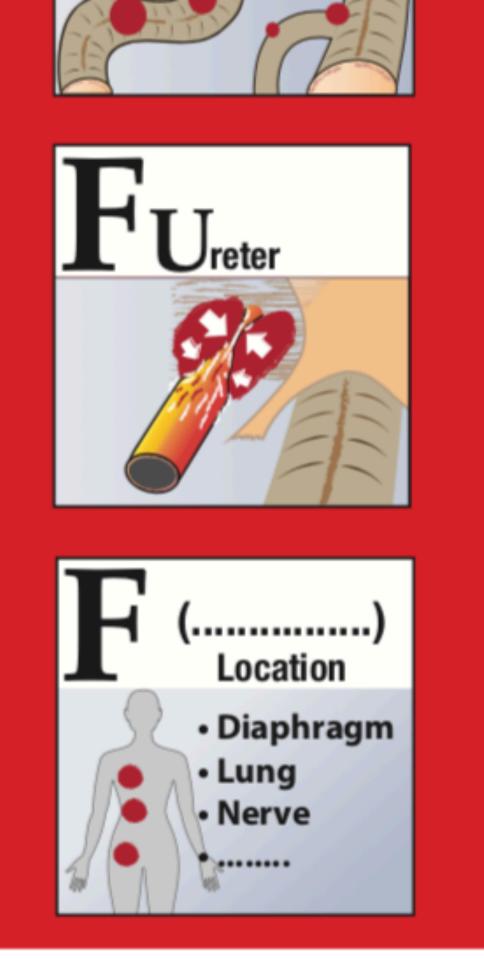
- ➤ Lesion infiltrates muscularis
- ➤ Ultrasound: use IDEA definition for rectum and longitudinal measurement of rectal DE



r-ASRM I — Enzian B3/0,C3







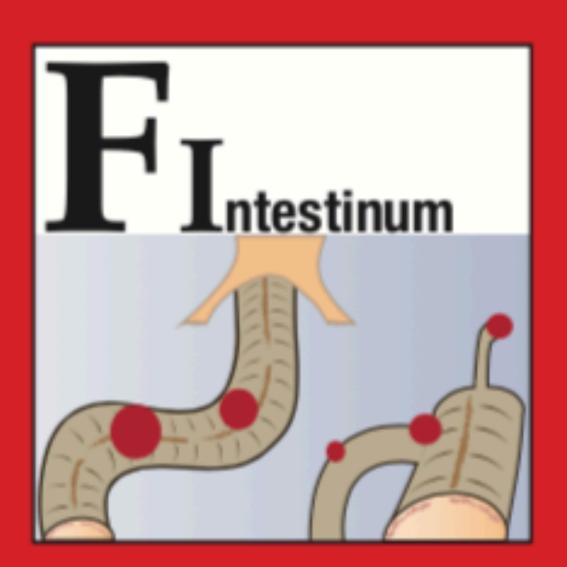
F_________(Location)

UPDATED #ENZIAN- CLASSIFICATION

URETER ENDOMETRIOSIS = FU

- ➤ Side 1 (left) / (right)
- ➤ Ultrasound: Dilatation of ureter > 8mm



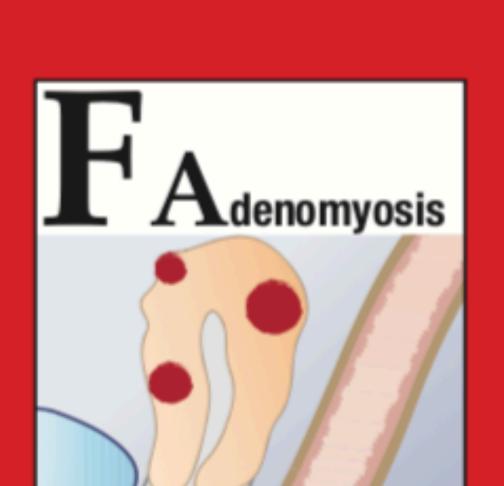




OTHER BOWEL ENDOMETRIOSIS = FI (SIGMA, APPENDIX,)

- > Previously FI.
- ➤ Describes bowel endometriosis (>16 cm distance from the anal verge) excluding rectum
- The affected organ will added in parentheses

ADENOMYOSIS = FA



F_{Bladder}

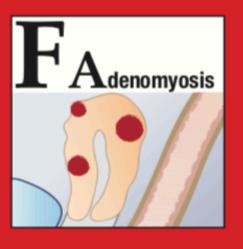
- ➤ Only given in case of clinically high-grade suspicion of adenomyosis.
- ➤ Describes adenomyosis pre- or intraoperatively and / or histologically
- ➤ Ultrasound : use MUSA criteria

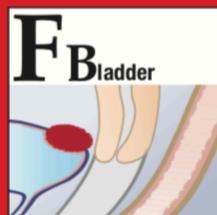
FA = adenomyosis;

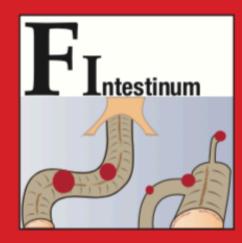
- Surgical findings which are obvious for adenomyosis (appearance, consistency, size)
- Histologic diagnosis
- Ultrasound signs

Ultrasound: Adenomyosis will be assessed sonographically using the **M**orphological **U**terus **S**onographic **A**ssessment (MUSA) (17) criteria. But the classification does not respect the various appearance of adenomyosis in detail.

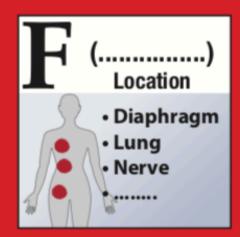












F (...) OTHER EXTRAGENITAL LOCALISATION

- ► Instead of previously **O** for "other" in brackets cite the localization directly
- Example: F(umbilicus) or F(diaphragm right) or F (plexus sacralis, right)





- > Individual compartments are written with large letters in an order
 - ➤ P,O(/),A,B(/),C,F().....
- ➤ The individual stages (numbers) according to the specification are written directly after the letter.
 - Number 0 in case of no involvement.
 - There is a comma between each individual compartment.
- ➤ Paired organs (Ovary, Tube, B (USL, parametrium),) are annotated accordingly to the side.
 - A slash separates left /right (/).
- ➤ All F lesions are only written in case if they are involved
- > F(..) such as abdominal wall, diaphragma, nerve e.g.. are written in brackets.

> Example:

> Superficial endometriosis on the *peritoneum* (P) < 3cm in sum = P1

 \triangleright No ovarian (O) endometriosis = 00/0

 \triangleright No adhesions = T0/0

➤ No lesion in the A compartment = A0

➤ Deep Endometriosis (B) left USL < 1cm, right USL 1-3cm, = B1/2

> Hydroureter right(FU) = FUright

 \succ Endometriosis in the appendix (FI) = FI(App.)

Annotation of only the affected compartments and organs: or

Annotation of all organs and compartments

#Enzian P1, B1/2, FU(right), FI(Appendix)

#Enzian P1, O0/0, T0/0, A0, B1/2, C0, FU(right), FI(Appendix)

