

Lesson Learned from MRI Evaluation of Mullerian Duct Anomalies [Letter]

Yunzhu Zhang¹, Wenxia Lu² 

¹Department of Obstetrics and Gynecology, Shanghai Pudong New District People's Hospital, Shanghai, People's Republic of China; ²Department of Medicine, Shanghai Tianyou Hospital, Shanghai, People's Republic of China

Correspondence: Wenxia Lu, Department of Medicine, Shanghai Tianyou Hospital, 528 Zhennan Road, Putuo District, Shanghai, People's Republic of China, 200331, Tel/Fax +86- 21-66699900, Email drluwenxia@outlook.com

Dear editor

We read the article by Al Najar MS et al¹ with great interest. The importance of MRI in diagnosing female congenital reproductive tract abnormality has been consistently confirmed by international experts. How to make better use of MRI technology for clinical services in clinical practice merits the attention of colleagues. This is the question lying ahead for clinicians. We can view this from three perspectives:

1. Is ASRM-2021 or ESHRE/ESGE-2016 an ideal standard? Several factors might lead us to rethink this. Firstly, As indicated in this article,¹ a case cannot be categorized by ASRM2021 and ESHRE/ESGE-2016 system with fundal agenesis. Secondly, an incomplete septum of less than 1cm might be overdiagnosed by ESHRE because these patients do not have increased fertility complication rates compared with a normal uterus.² Lastly, the new ASRM-2021 classification focuses only on morphological abnormalities, while ignoring the theory of embryogenesis of the urogenital system and its role in diagnosing malformation.³
2. Is the MRI diagnosis process universally adopted? As indicated, for effective multidisciplinary communication, the radiology department's classification system should agree with gynecologists and surgeons. In addition, hospitals in various locations need to adopt a standard inspection parameter sequence and classification system, which facilitates effective peer communication. A guideline⁴ by the European Society of Urogenital Radiology (ESUR) was set up in 2021 while normative opinions are included for all elements of MRI evaluation.
3. Is this diagnosis sufficient to provide guidance for clinical management and treatment? These classification Criteria may be helpful to diagnostic imaging physicians to guide the development of ultrasound, CT, or MRI reports, but do not appear appropriate for physicians in gynecology or reproductive medicine. A detailed and adequate description, as well as the correlation of observed malformations with clinical symptoms, is the basis for determining the best treatment strategy. Therefore, the malformation classification still needs to be tested by clinical evaluation studies and clinical practice.

To conclude, congenital malformations of the female genital tract appear to be present in approximately 7% of the general population due to advances in imaging techniques and an increasing number of diagnostic tools,⁵ but there is still a lack of broad international consensus on their classification. The future perspective of MRI diagnosis in female congenital malformation would be a strong need for continued international efforts and high-quality research to provide evidence-based data to improve the classification and applicability of the classification system for congenital malformations of the female reproductive tract.

Disclosure

The authors report no conflicts of interest in this communication.

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