

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 drluwxia@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.

References

1. Al Najjar MS, Sadaqah JS, Husami RY, Alzoubi KH. MRI evaluation of mullerian duct anomalies: practical classification by the new ASRM system. *J Multidiscip Healthc.* 2022;15:2579–2589. doi:10.2147/JMDH.S386936
2. Ludwin A, Pfeifer SM. Reproductive surgery for müllerian anomalies: a review of progress in the last decade. *Fertil Steril.* 2019;112(3):408–416. doi:10.1016/j.fertnstert.2019.07.005
3. Ludwin A, Tudorache S, Martins WP. ASRM müllerian anomalies classification 2021: a critical review. *Ultrasound Obstet Gynecol.* 2022;60(1):7–21. doi:10.1002/uog.24905
4. Maciel C, Bharwani N, Kubik-Huch RA, et al. MRI of female genital tract congenital anomalies: European Society of Urogenital Radiology (ESUR) guidelines. *Eur Radiol.* 2020;30(8):4272–4283. doi:10.1007/s00330-020-06750-8
5. Grimbizis GF, Gordts S, Di Spiezio Sardo A, et al. The ESHRE-ESGE consensus on the classification of female genital tract congenital anomalies. *Gynecol Surg.* 2013;10(3):199–212. doi:10.1007/s10397-013-0800-x

Dove Medical Press encourages responsible, free and frank academic debate. The content of the Journal of Multidisciplinary Healthcare 'letters to the editor' section does not necessarily represent the views of Dove Medical Press, its officers, agents, employees, related entities or the Journal of Multidisciplinary Healthcare editors. While all reasonable steps have been taken to confirm the content of each letter, Dove Medical Press accepts no liability in respect of the content of any letter, nor is it responsible for the content and accuracy of any letter to the editor.

Journal of Multidisciplinary Healthcare

Dovepress

Publish your work in this journal

The Journal of Multidisciplinary Healthcare is an international, peer-reviewed open-access journal that aims to represent and publish research in healthcare areas delivered by practitioners of different disciplines. This includes studies and reviews conducted by multidisciplinary teams as well as research which evaluates the results or conduct of such teams or healthcare processes in general. The journal covers a very wide range of areas and welcomes submissions from practitioners at all levels, from all over the world. The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/journal-of-inflammation-research-journal>

<https://doi.org/10.2147/JMDH.S397426>