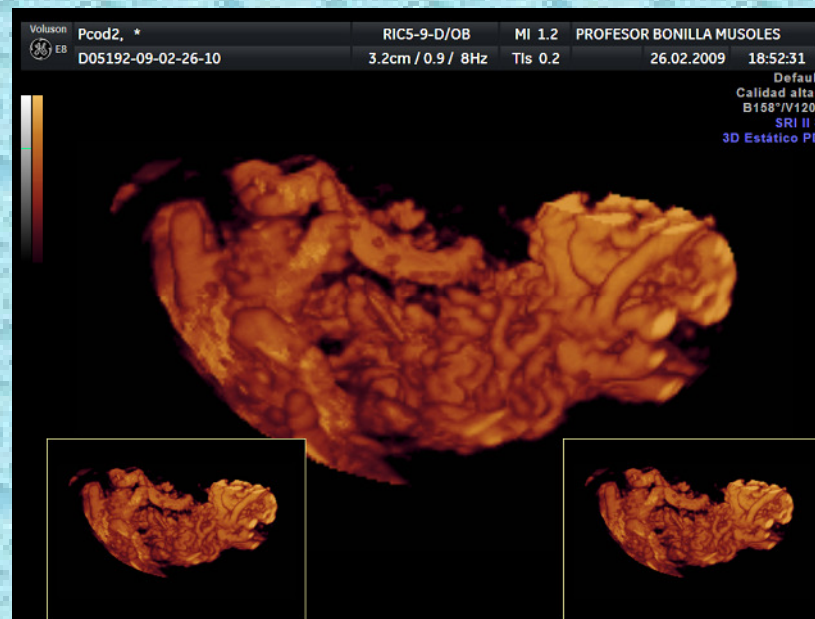
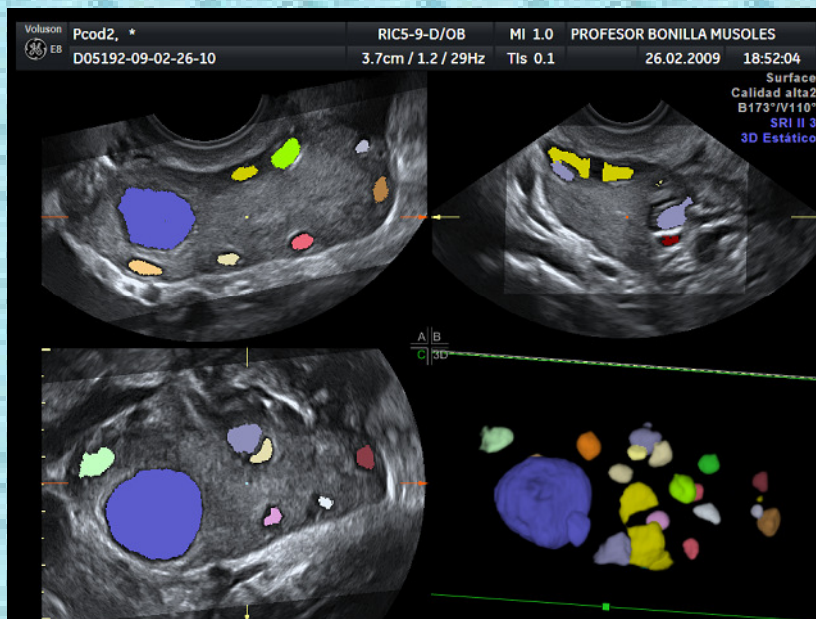


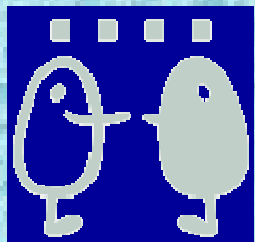
ECOGRAFIA BASAL OVARICA.



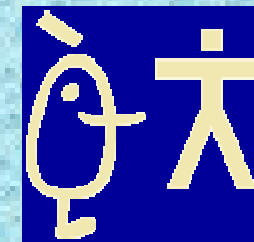
S.O.P.

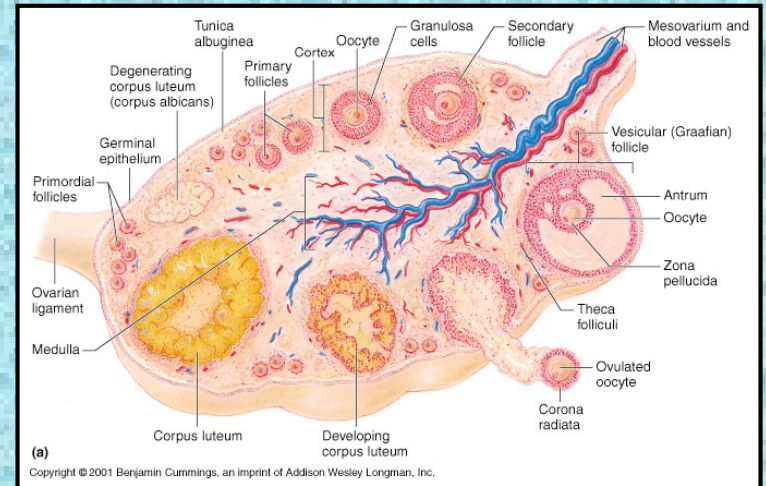
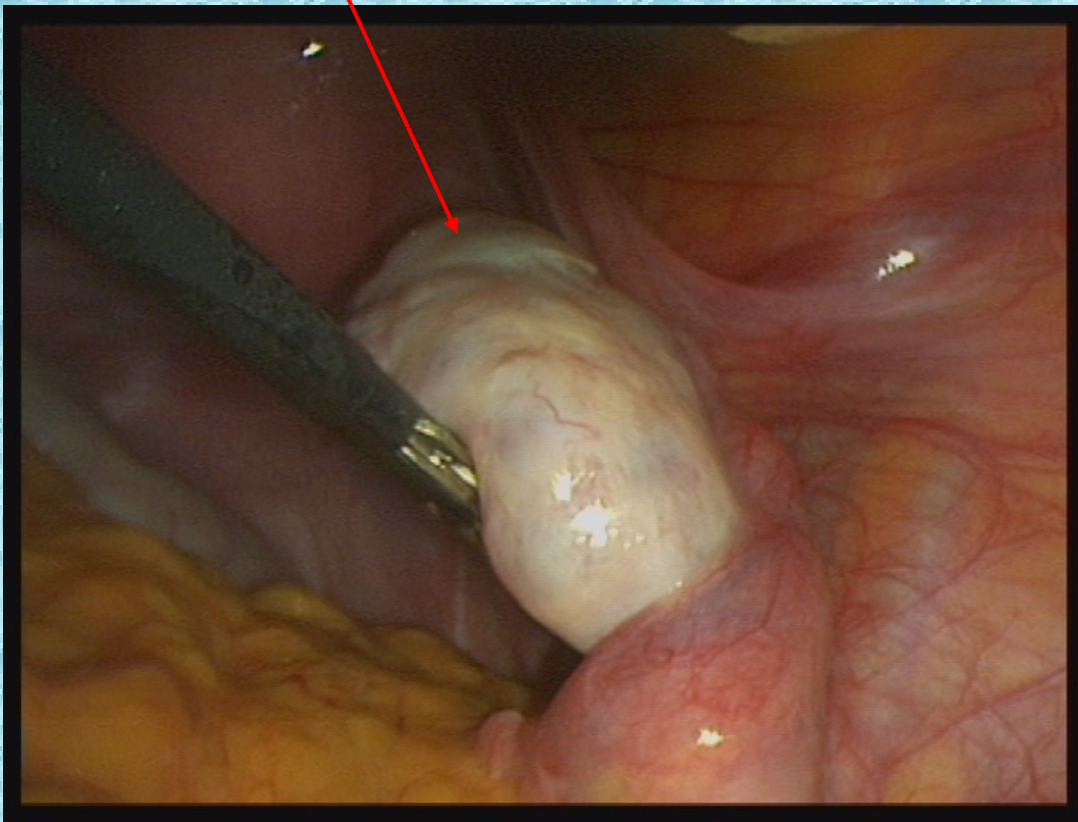
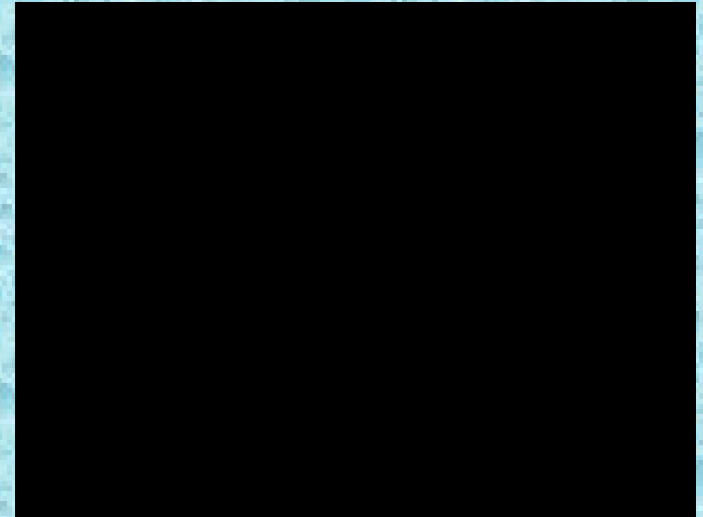
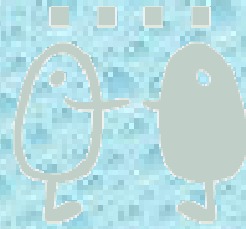
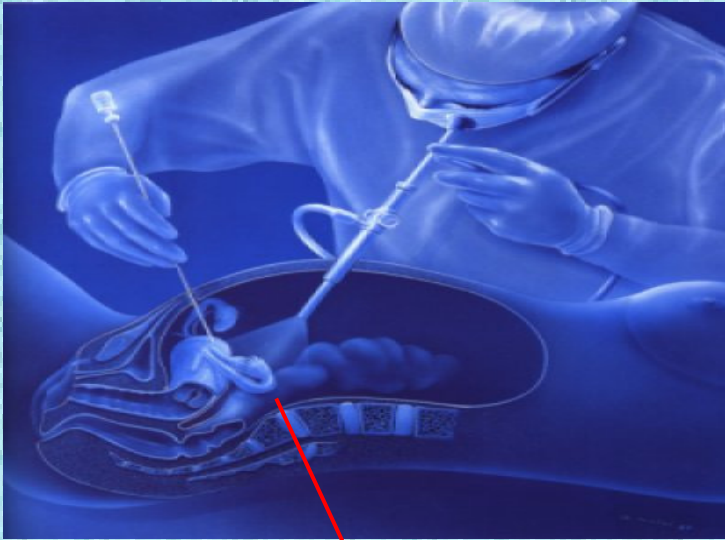


Francisco Raga.

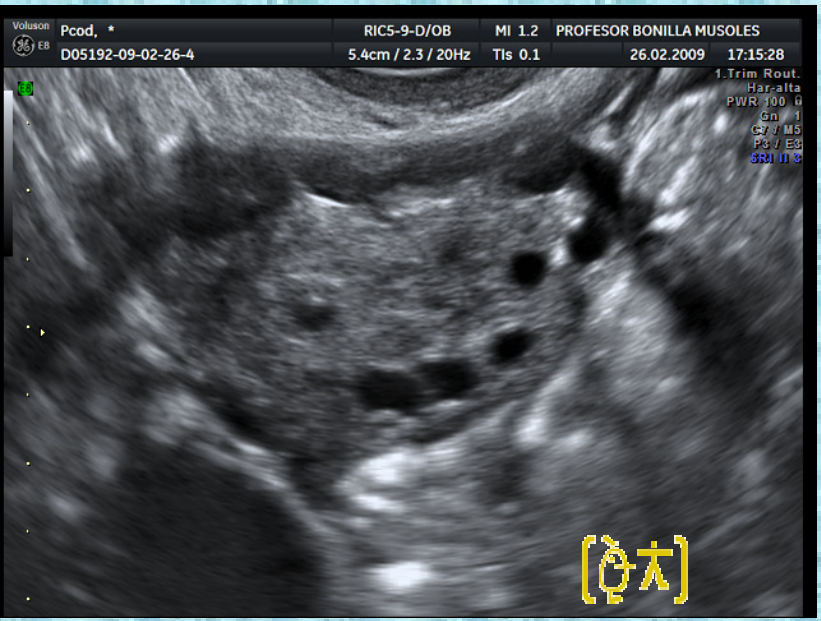
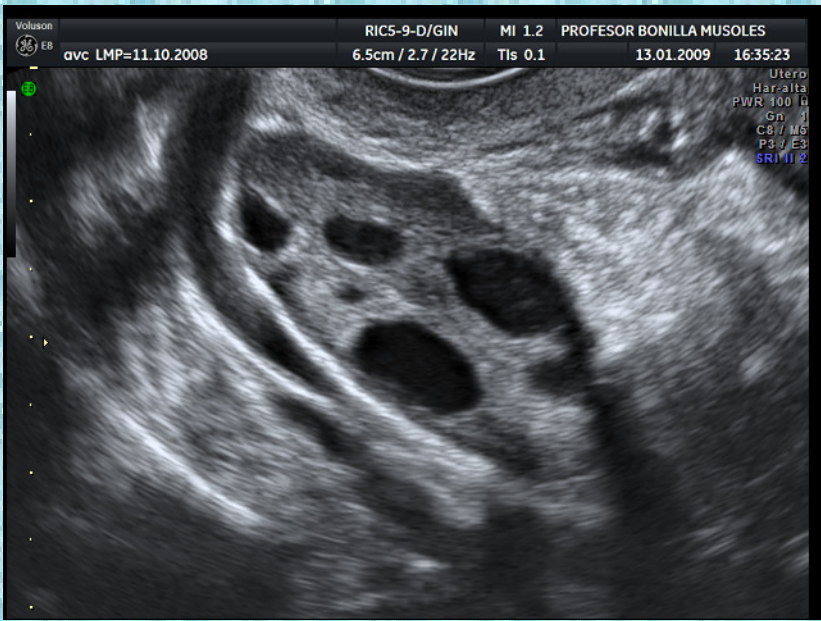
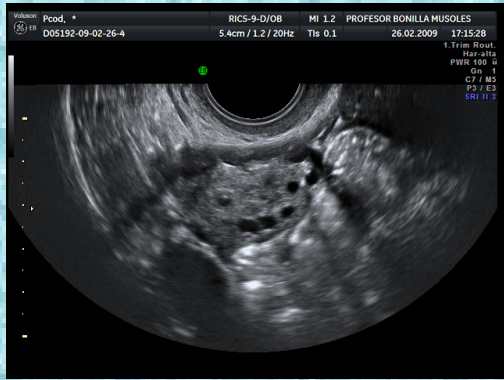
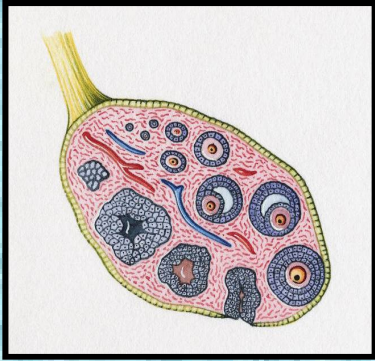
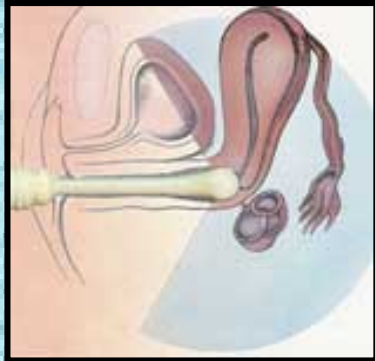
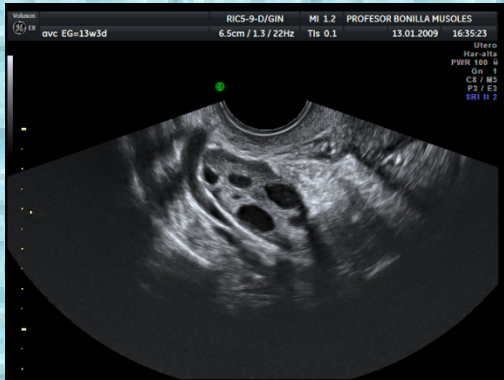


UNIVERSIDAD DE VALENCIA.

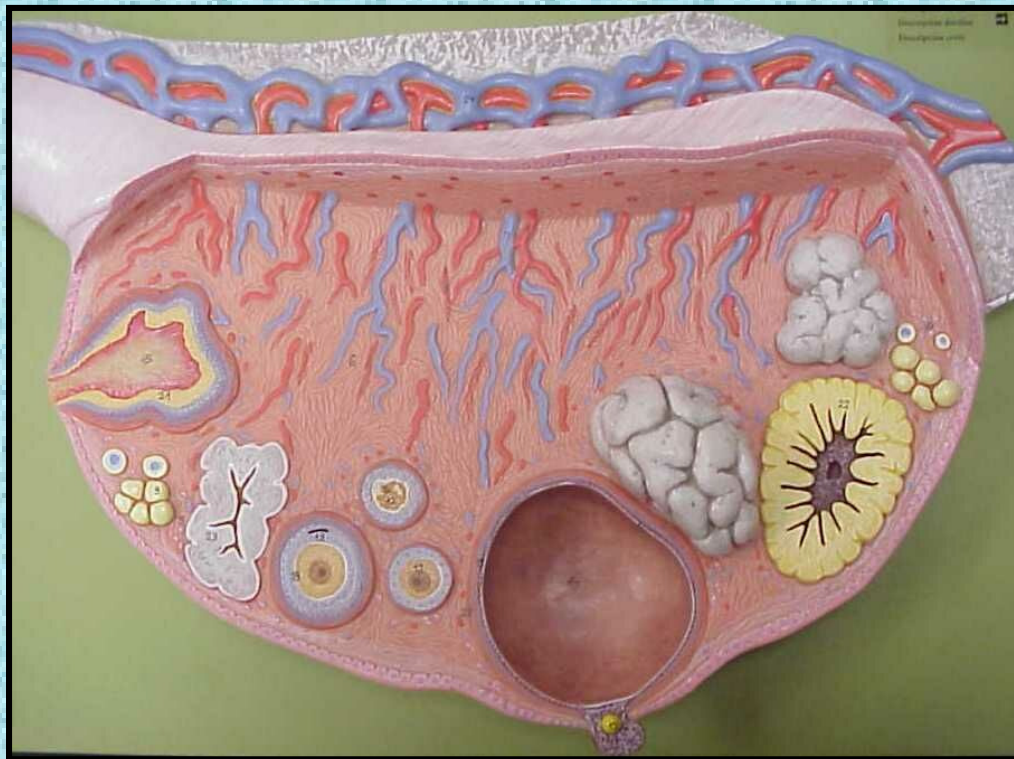




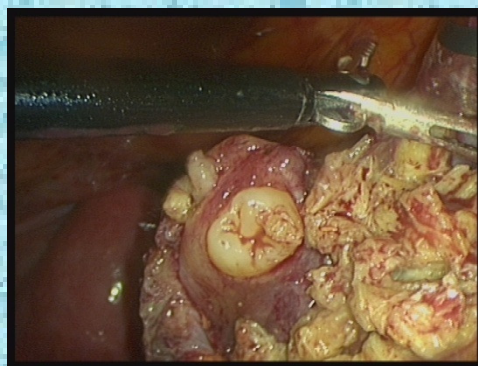
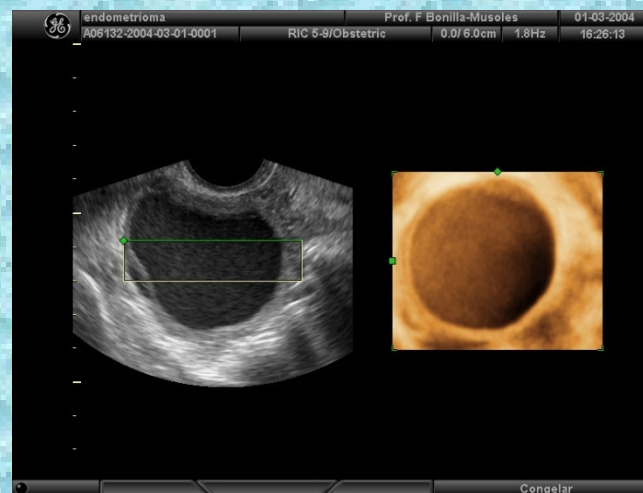
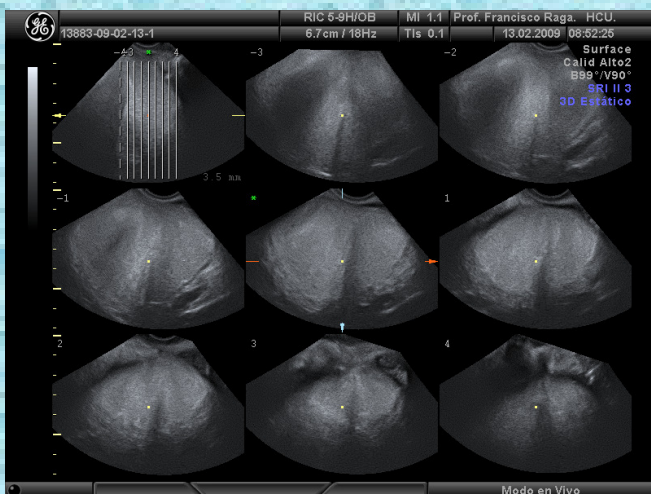
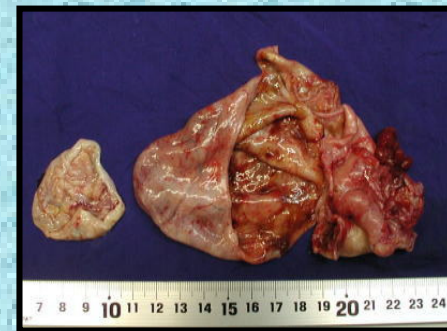
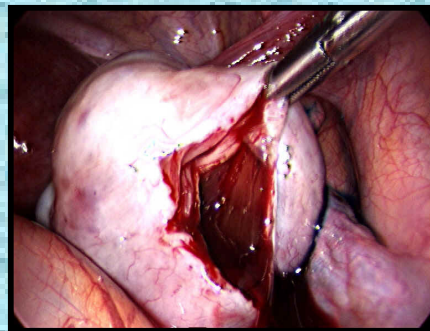
Emplear Zoom



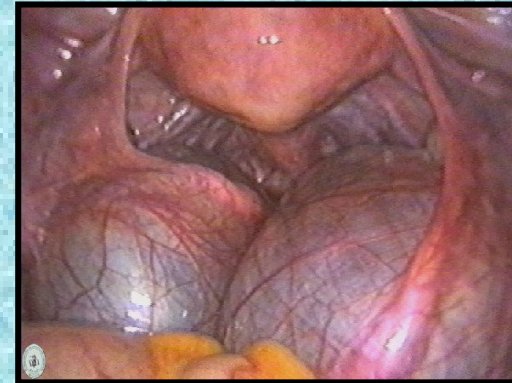
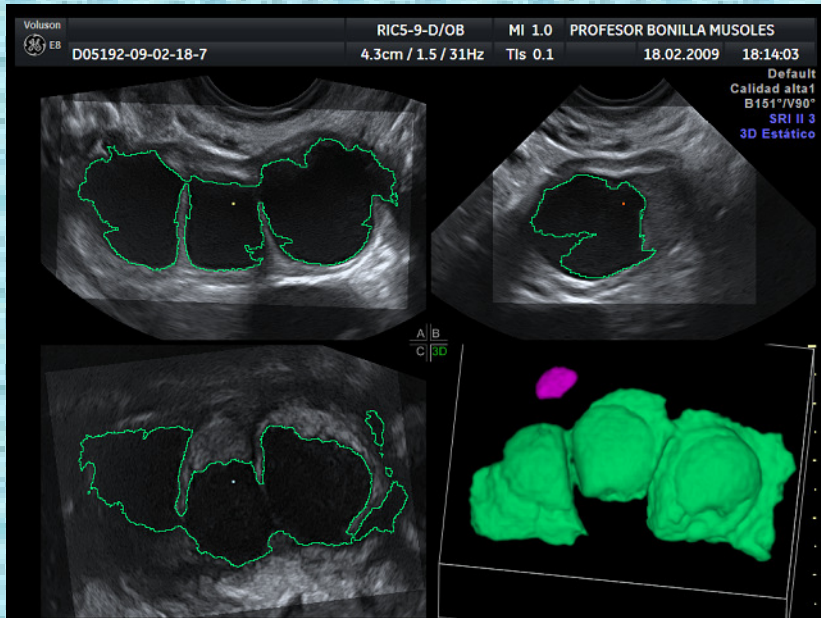
DESCARTAR PATOLOGIA ANEXIAL O EXTRA-ANEXIAL.



DERMOIDE



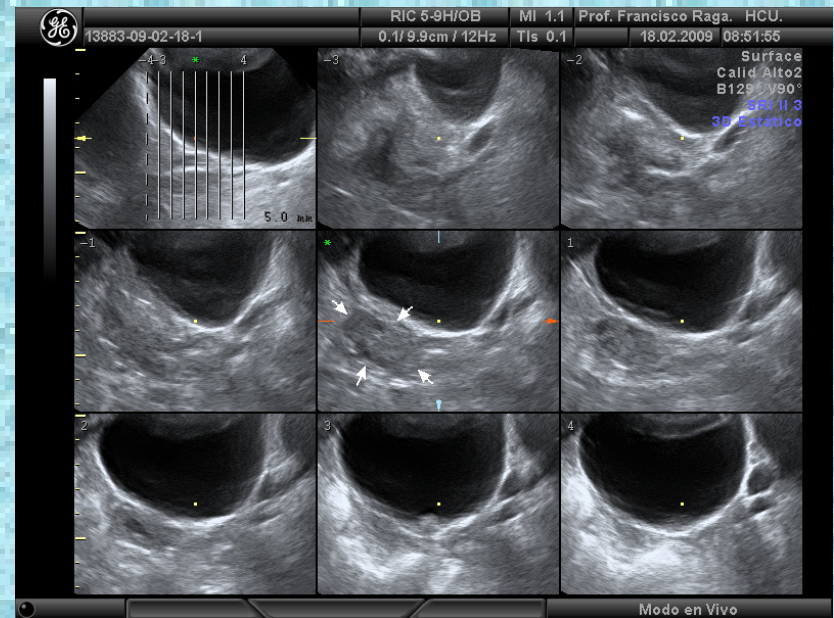
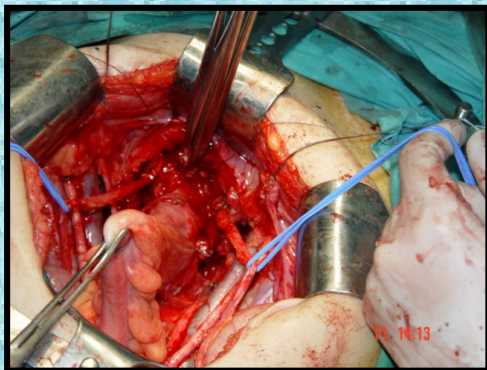
ENDOMETRIOMA



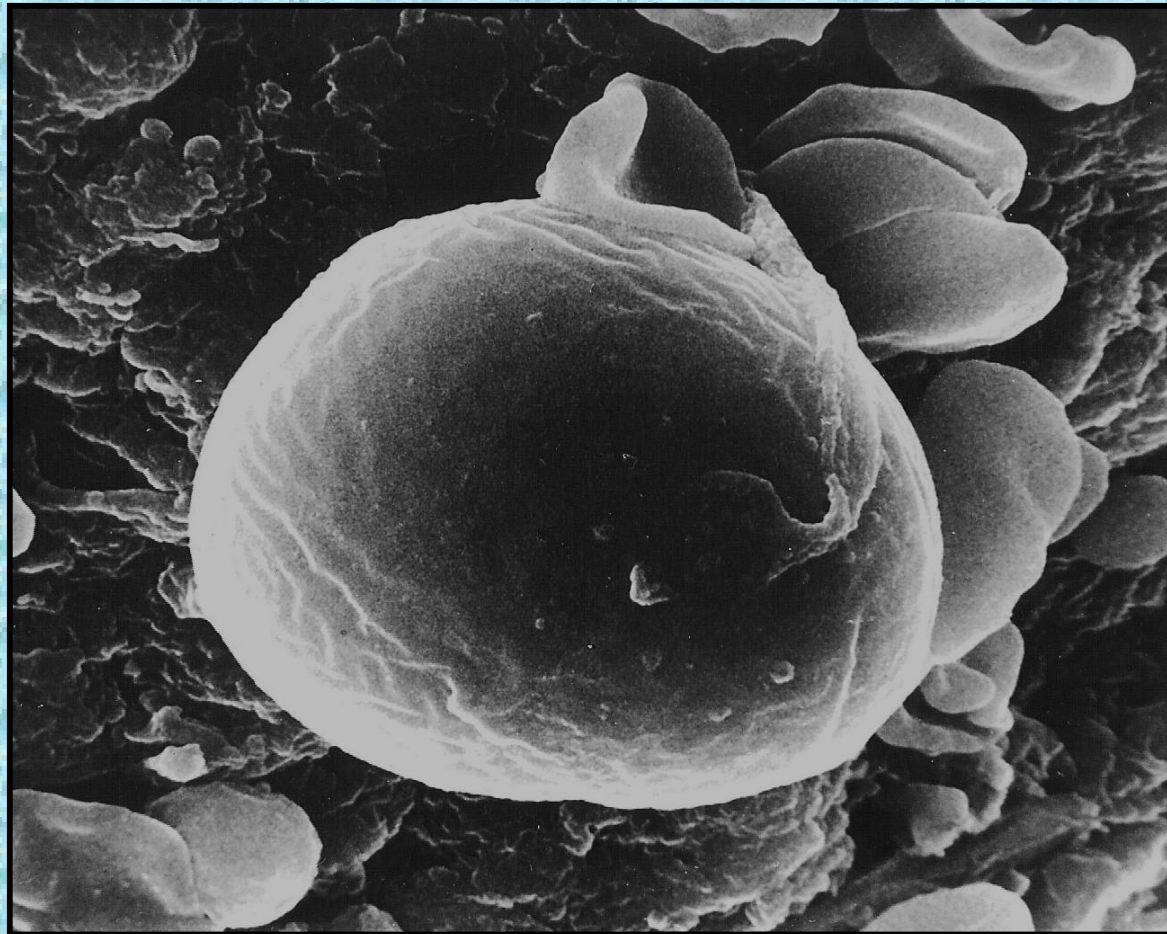
**QUISTES
PARA-OVARIO**

[0.4]

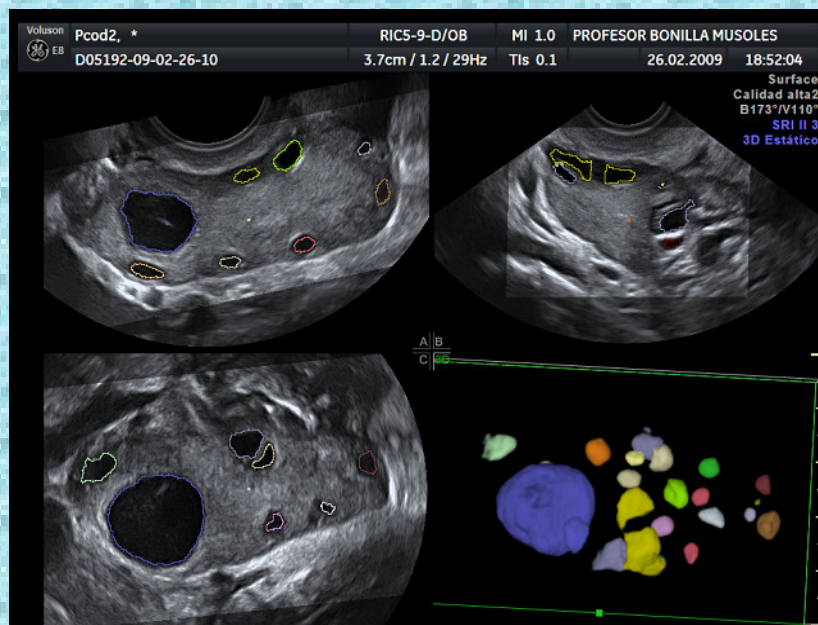
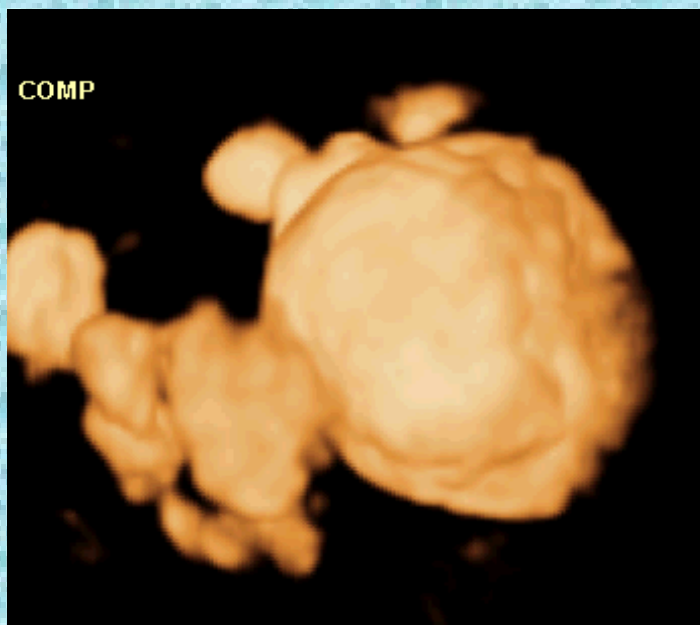
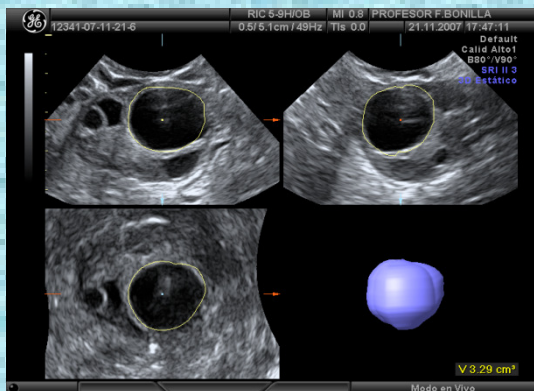
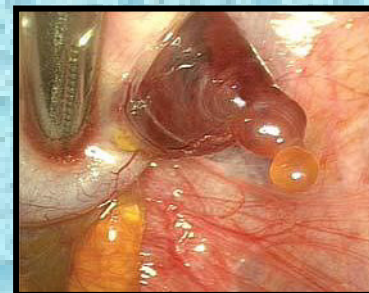
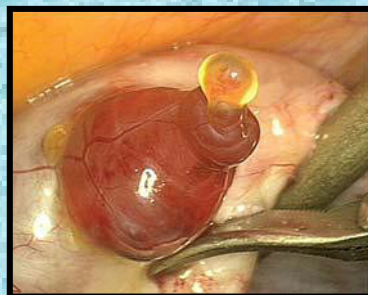
HIDROSALPINX



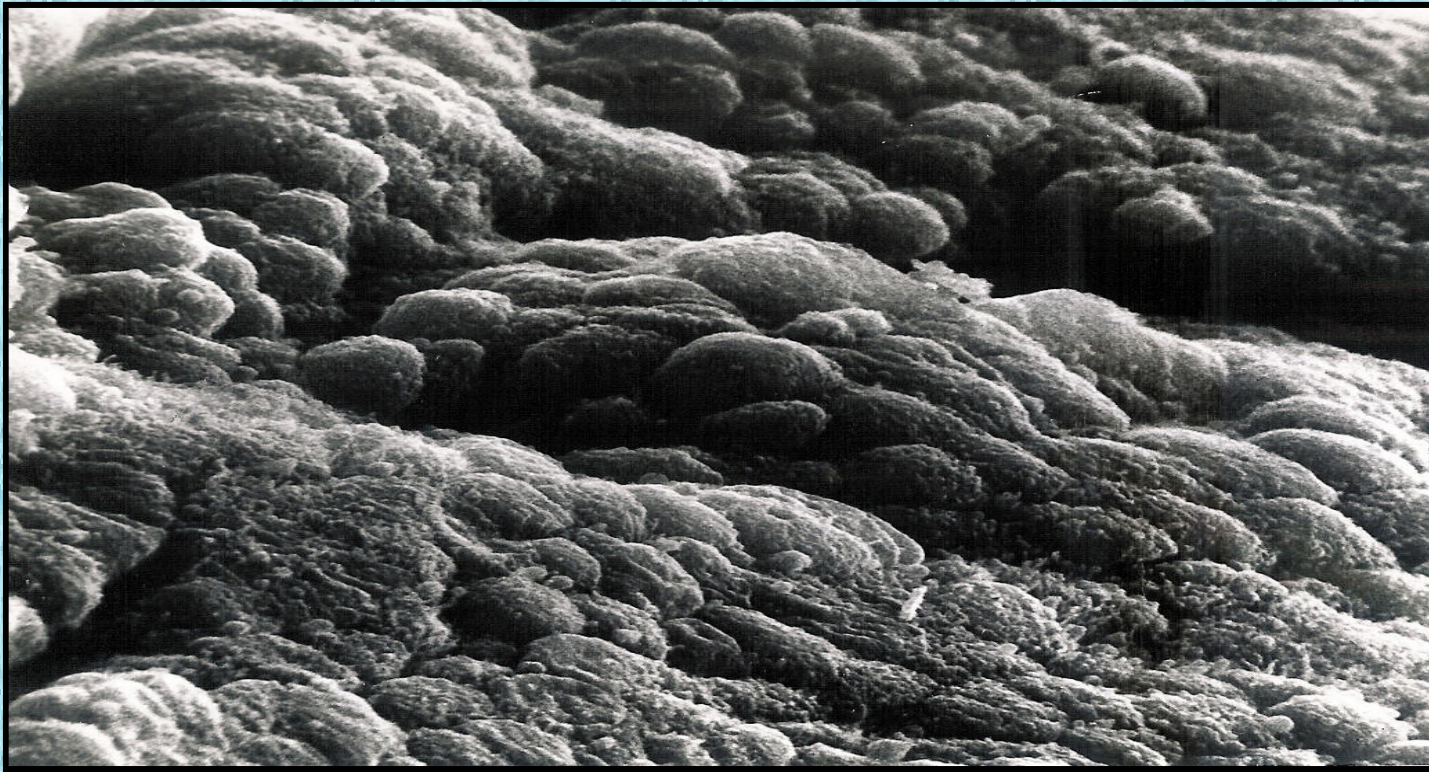
CONTROL OVULACION



[06]



CONTROL RESERVA OVARICA



Reserva ovárica.

- FSH basal.
- HAM (Hormona anti-Mülleriana).
- Inhibina B.
- Estradiol basal.
- CCCT (Clomiphene citrate challenge test).
- EFORT (Exogenous FSH ORT).
- GAST (gonadotrophin agonist stimulation test).
- Volumen ovárico (OVVOL).
- Recuento folículos antrales (AFC).

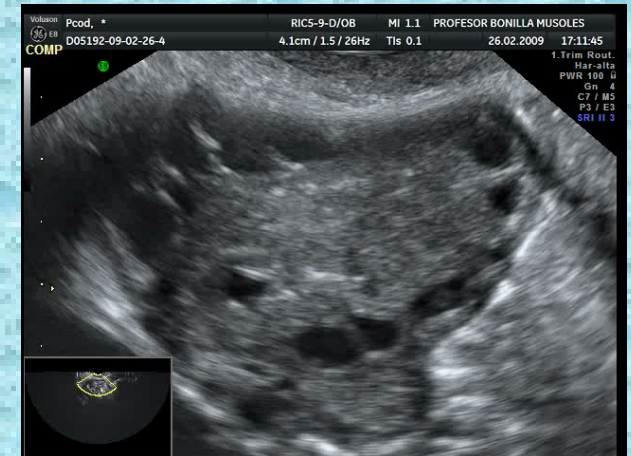
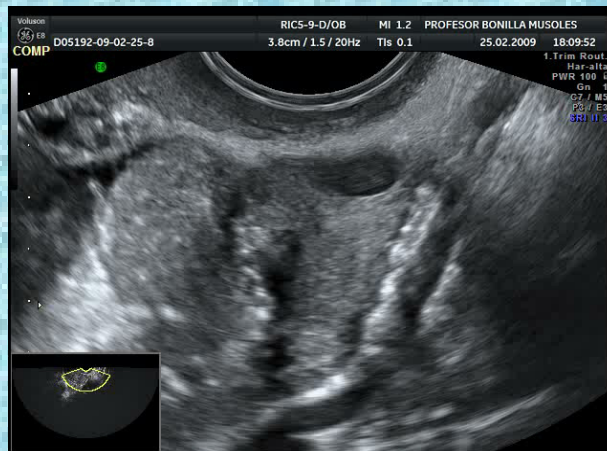
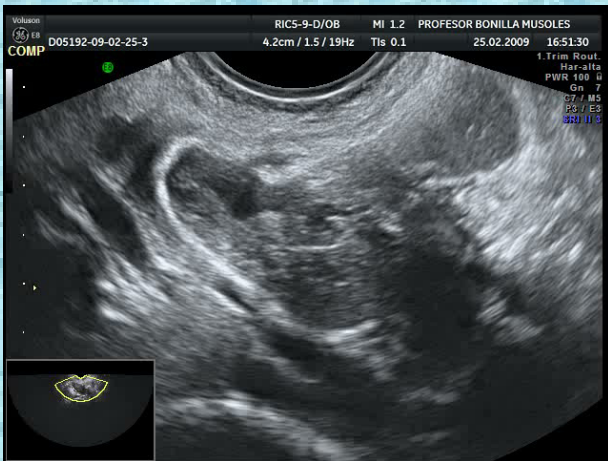
ECOGRAFIA OVARICA BASAL

RESERVA OVARICA

NORMAL

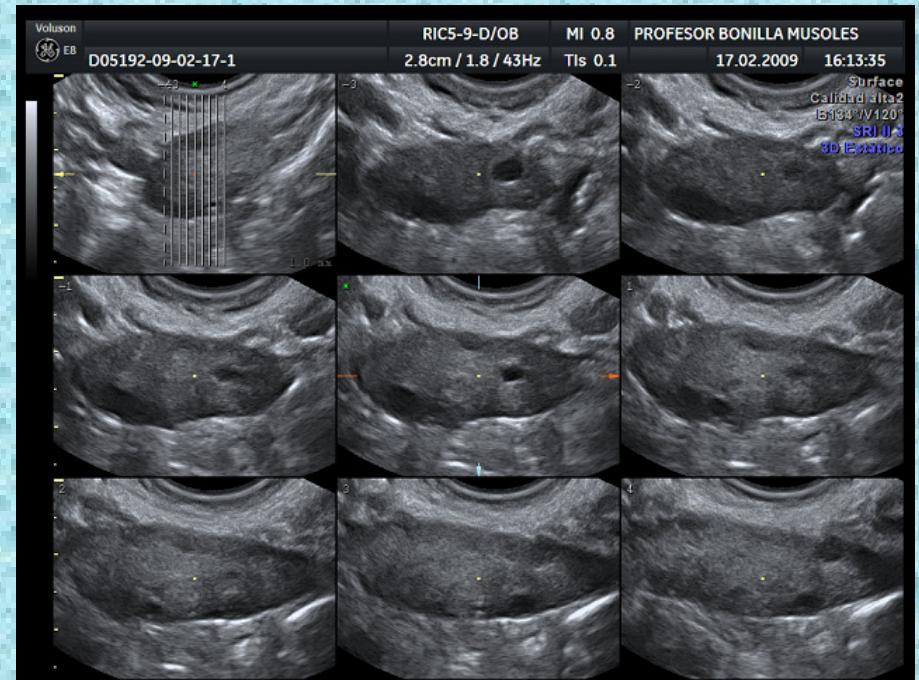
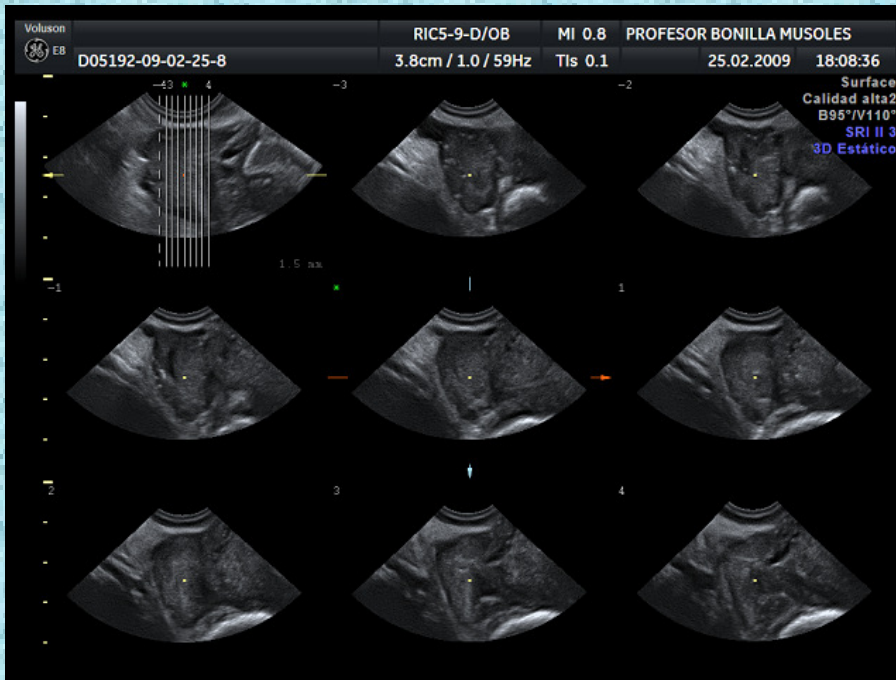
BAJA

ALTA



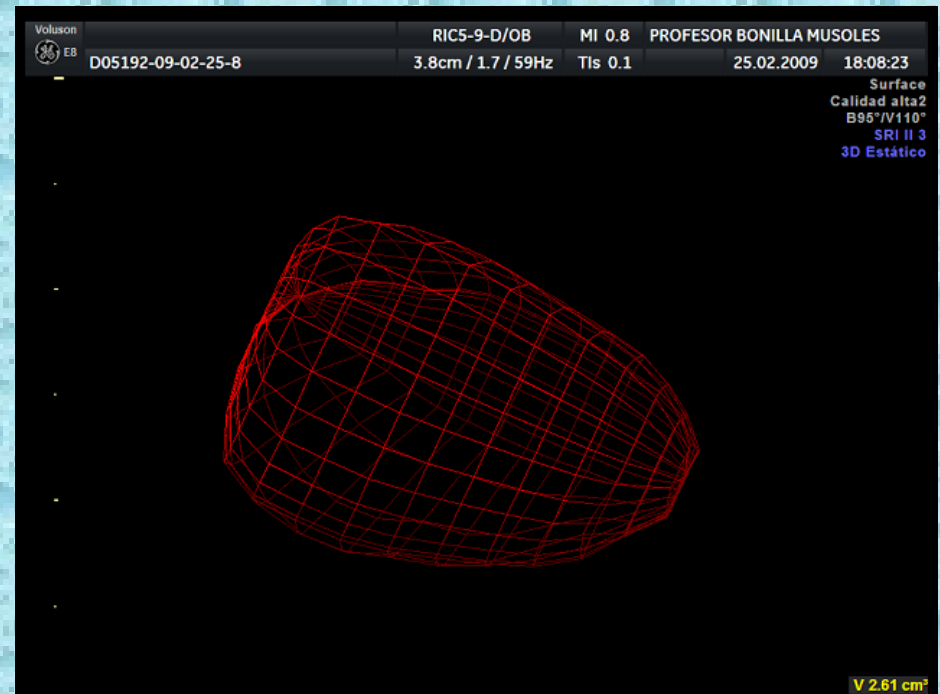
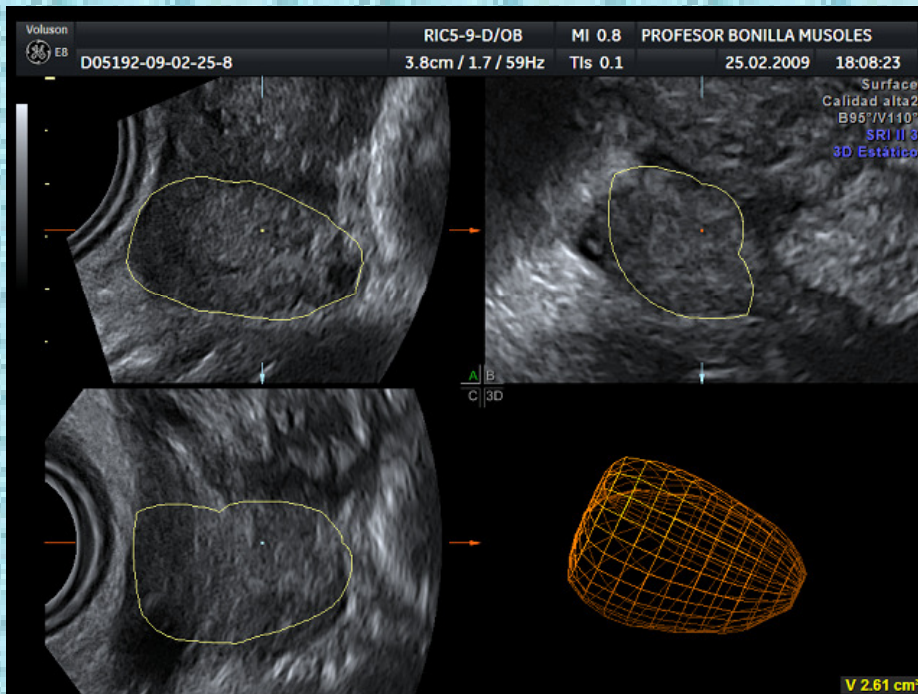
TUI

(Tomographic **U**ltrasound **I**maging)

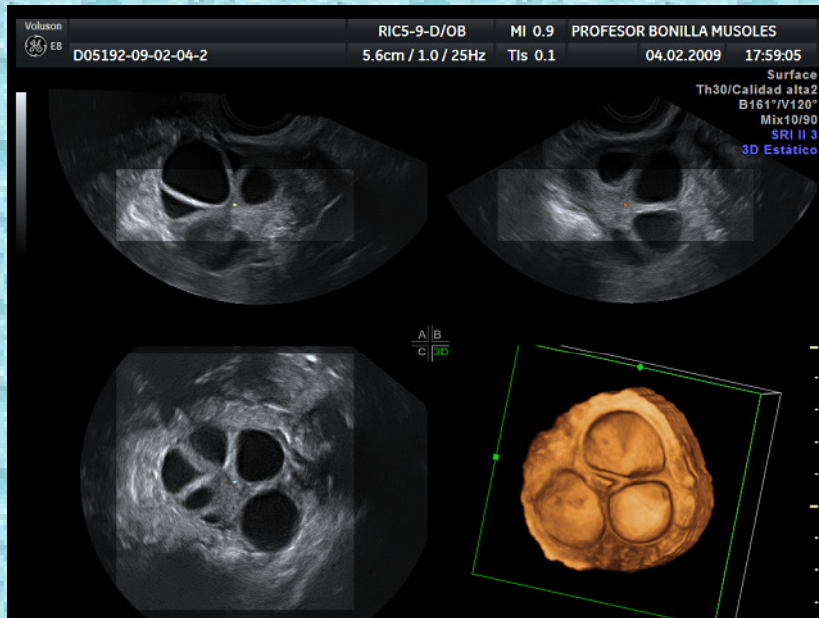


VOCAL

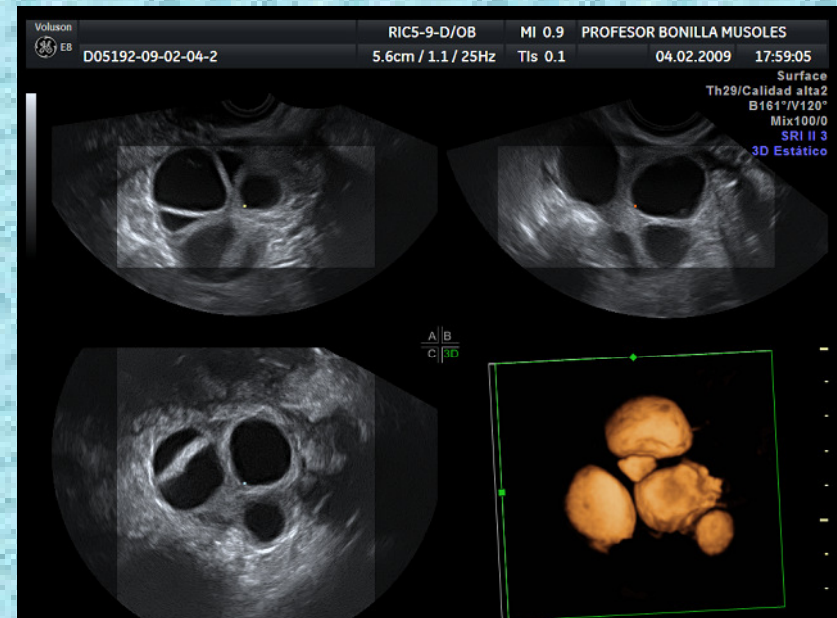
(Virtual Organ Computer Assisted Analysis)



Inverse Mode

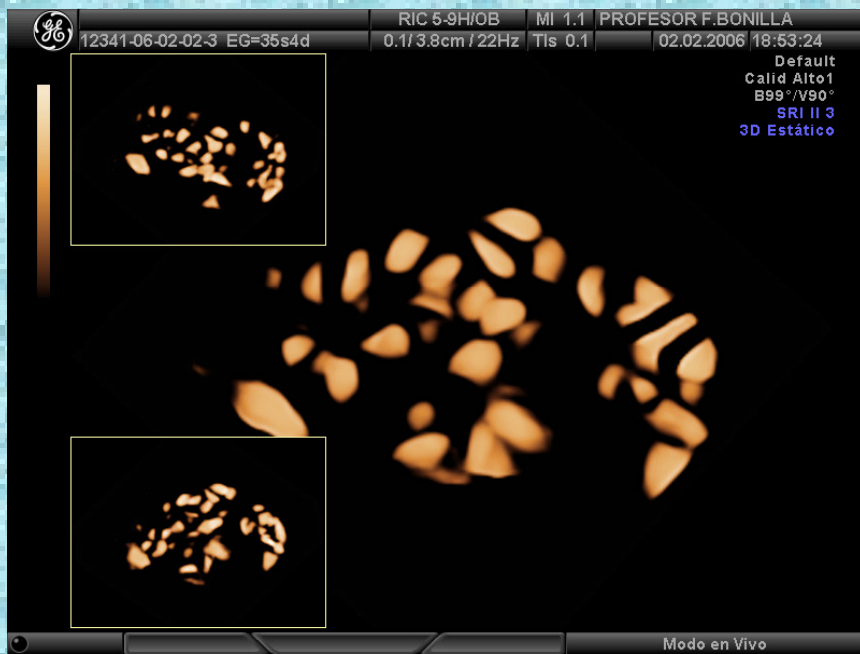


Surface

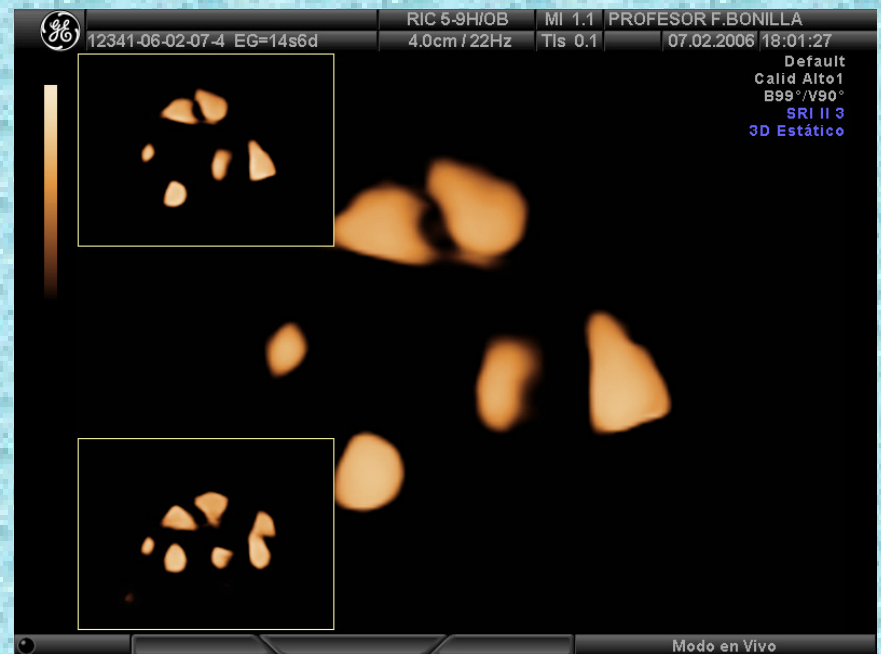


Inverse

Inverse Mode



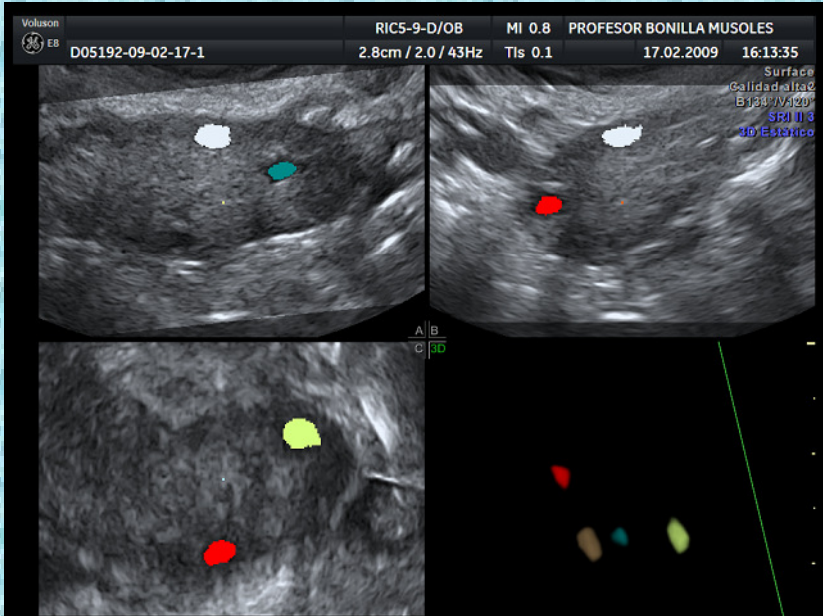
Buena reserva



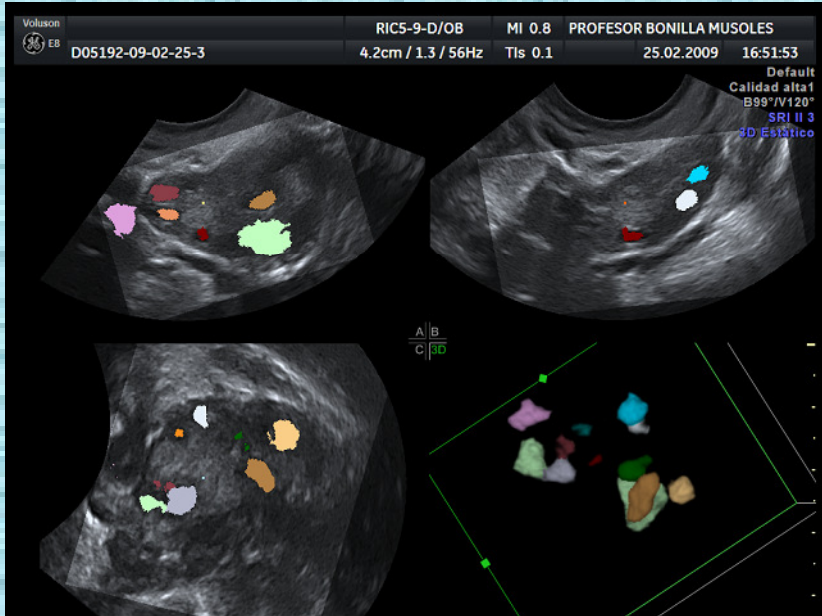
Mala reserva

AVC

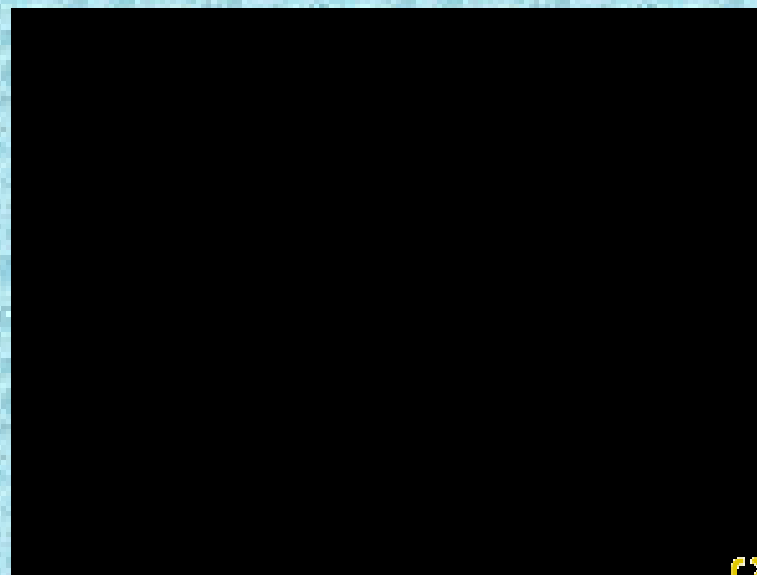
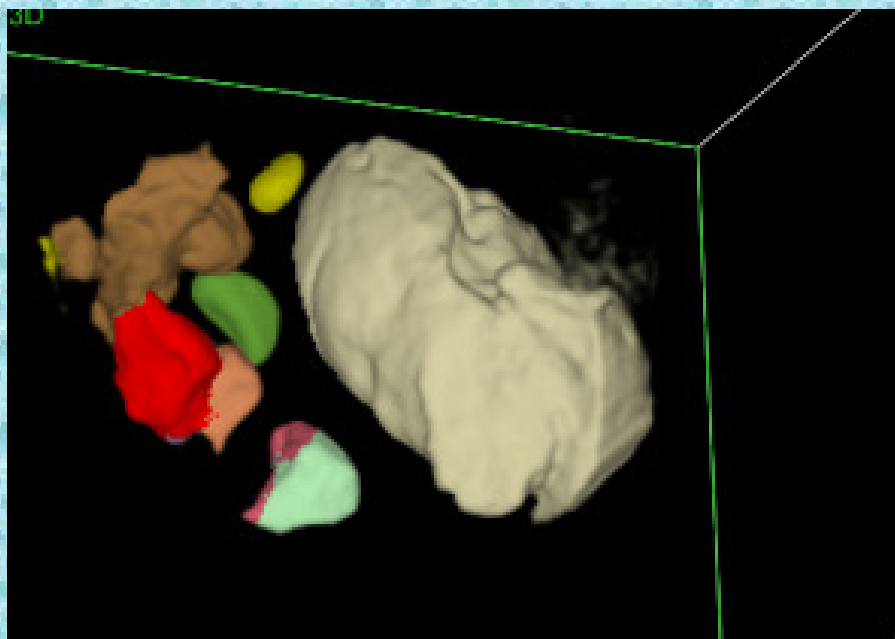
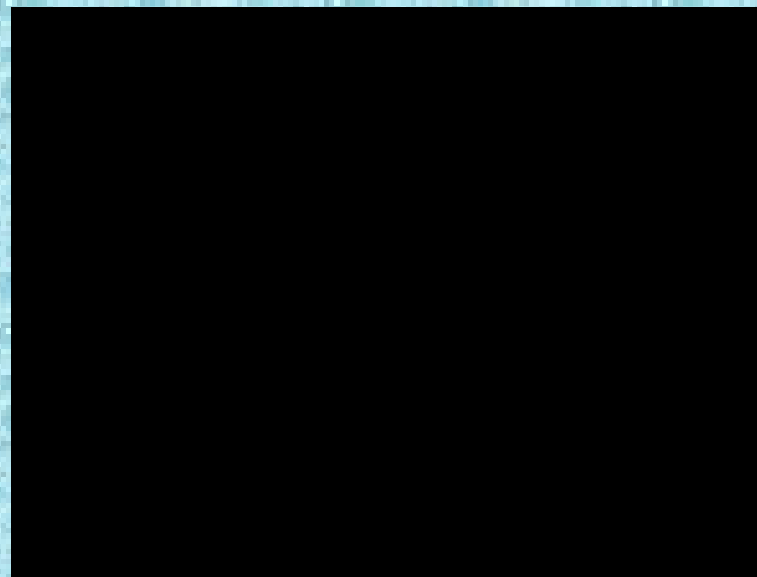
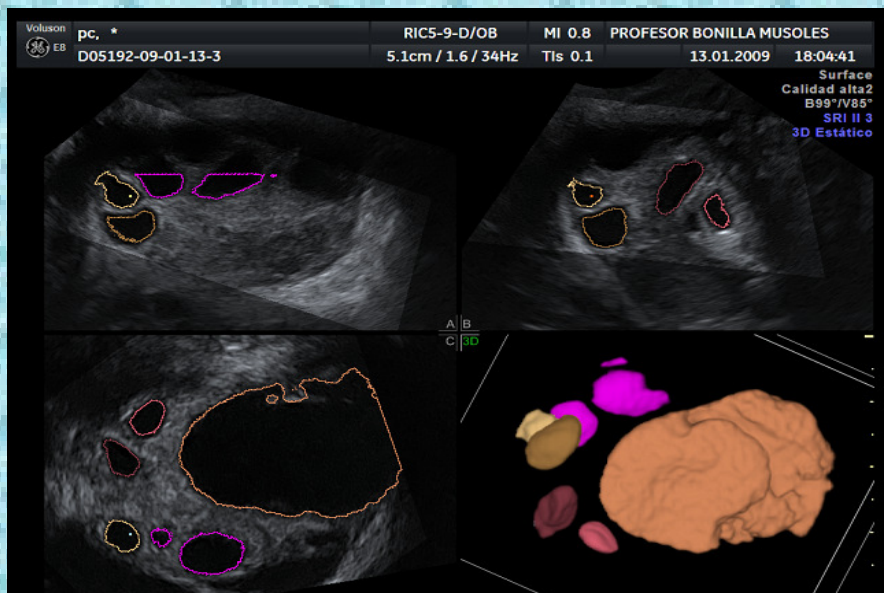
(Automatic Volume Calculation)



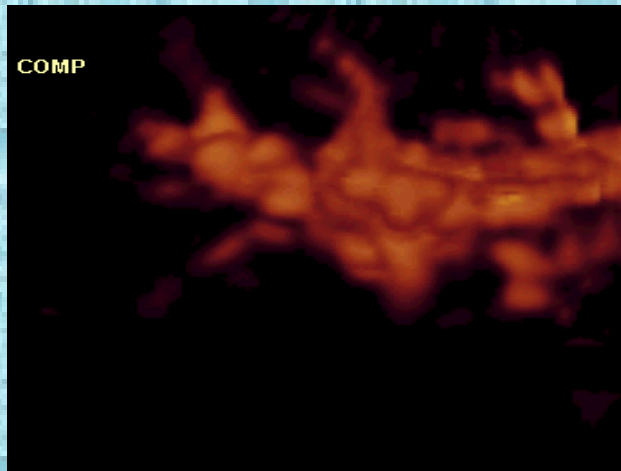
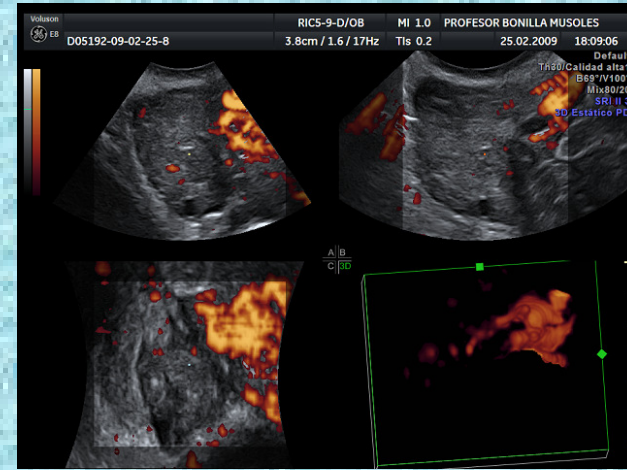
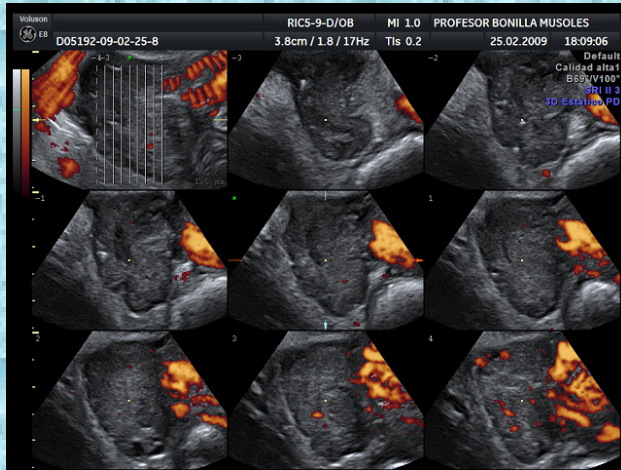
Baja



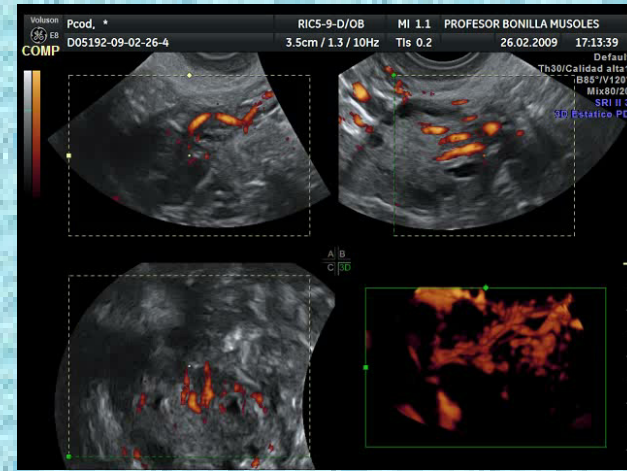
Normal



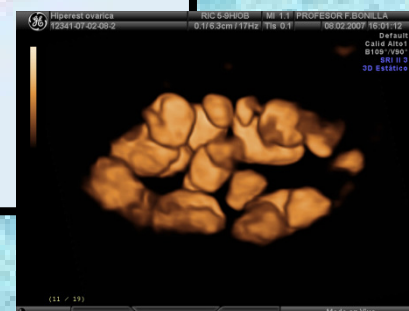
ANGIOGRAFIA DIGITAL DOPPLER TRIDIMENSIONAL



[0.1]



OVARIO POLIQUISTICO



NIH 1990

(National Institutes of Health)

- Anovulación crónica.
- Signos clínicos y/o bioquímicos de hiperandrogenismo.

ESHRE/ASRM 2003

(European Society for Human Reproduction and Embryology/American Society for Reproductive Medicine)

- Oligo- y/o anovulación.
- Signos clínicos y/o bioquímicos de hiperandrogenismo.
- Ovarios poliquísticos.



Franks S. **J Clin Endocrinol Metab** 91:786-789, 2006.

Criterios ecográficos de ovarios poliquíticos.

- Al menos uno de los siguientes:

- 12 o mas folículos de 2-9 mm. de diámetro.
- Volumen ovarico $>10\text{cm}^3$.

- Criterios anteriores en un solo ovario es suficiente para definir PCOs.

- Consejos:

- ✓ No importa distribución folicular.
- ✓ No importa ecogenicidad ni volumen del estroma.
- ✓ Emplear ecografía vaginal.
- ✓ Realizar la ecografía en la fase folicular precoz (días 3-5 ciclo).
- ✓ **Ojo:** No debe de llevar anticoncepción.

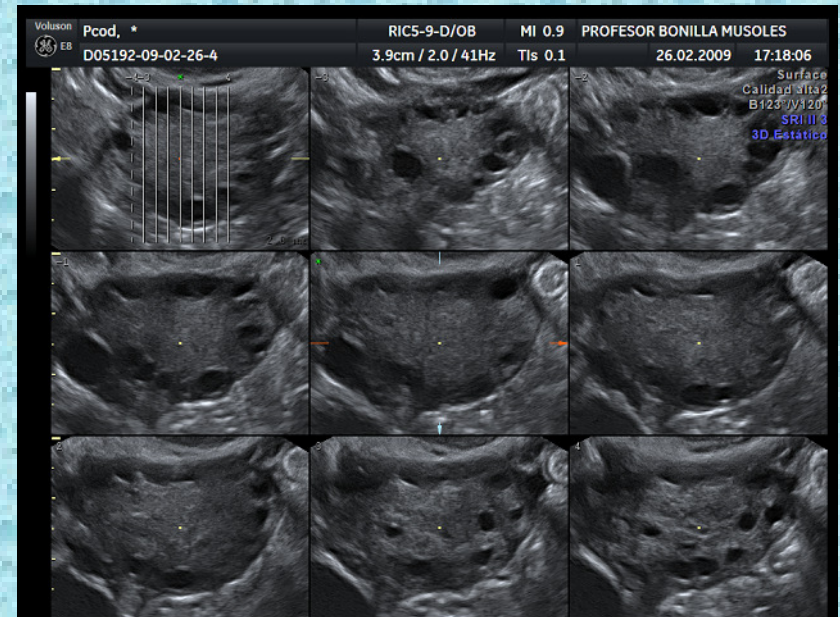
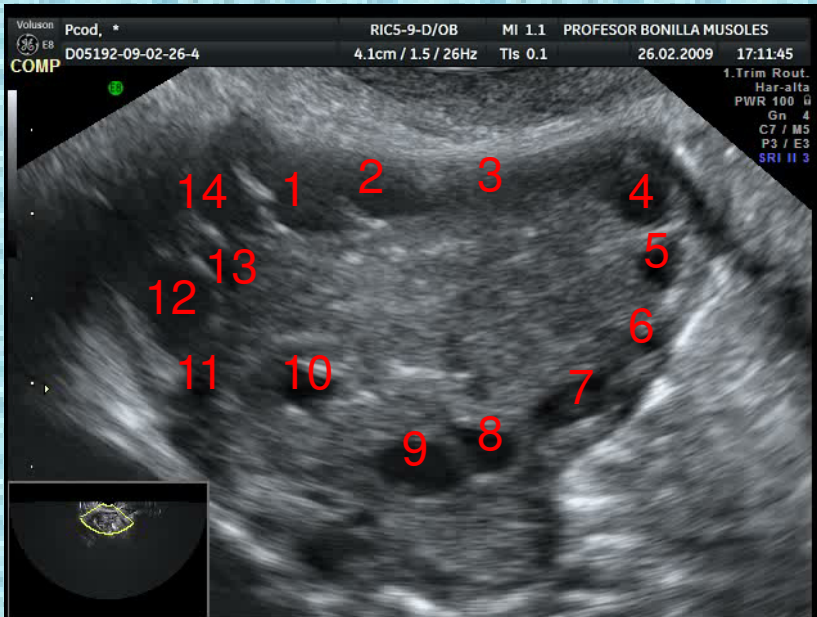
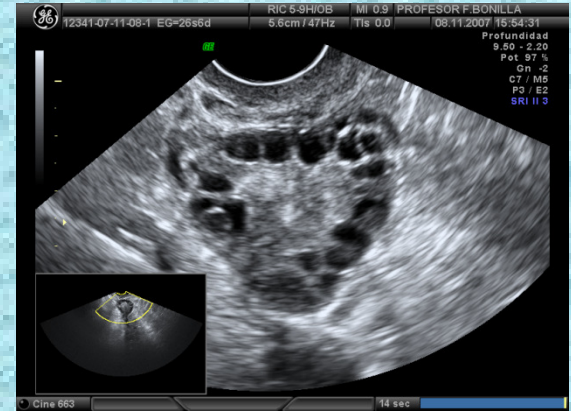


Criterios ecográficos de PCOs.



▪ Al menos uno de los siguientes:

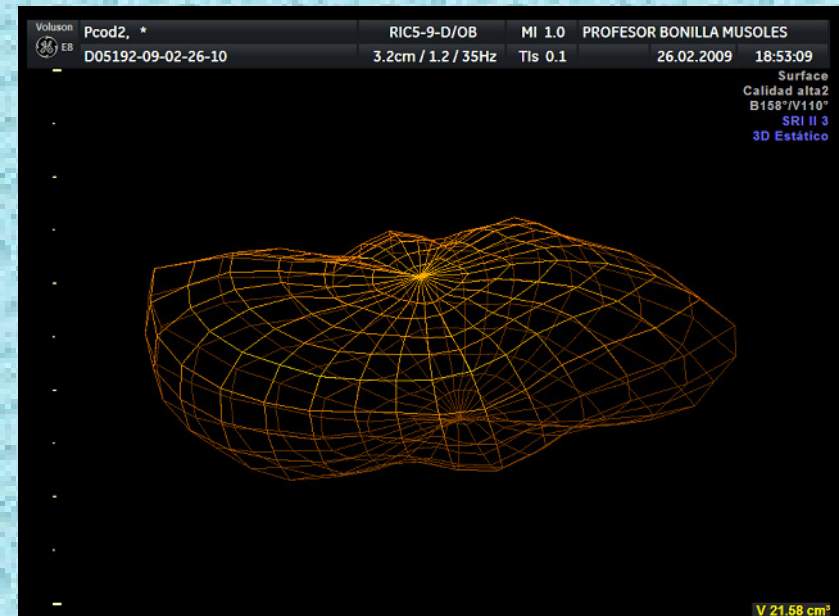
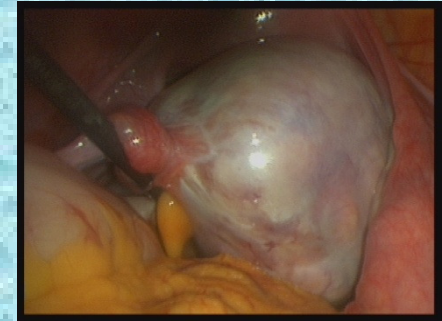
- **12 o mas foliculos de 2-9 mm. de diámetro.**
- Volumen ovarico $>10\text{cm}^3$.



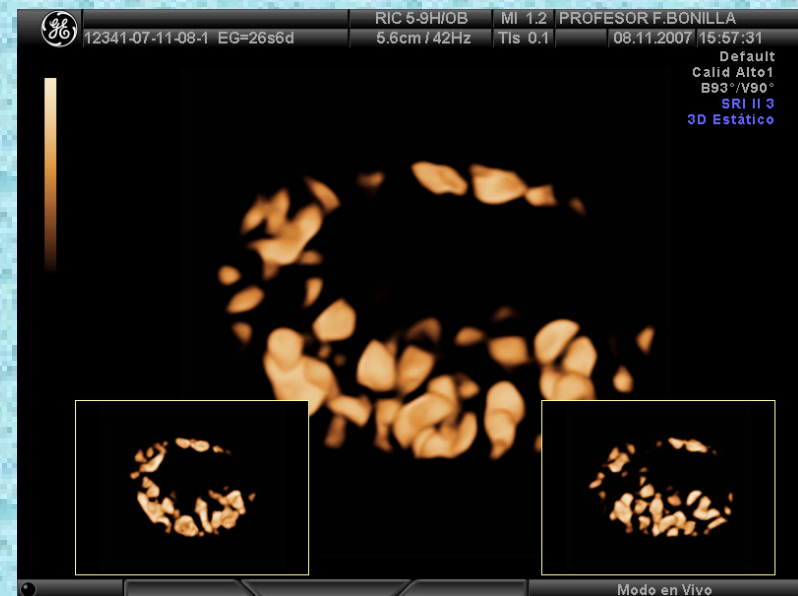
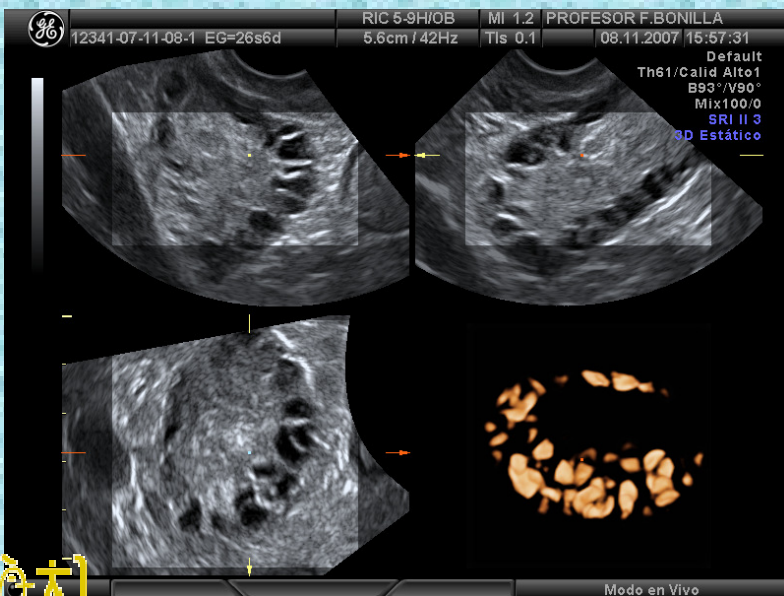
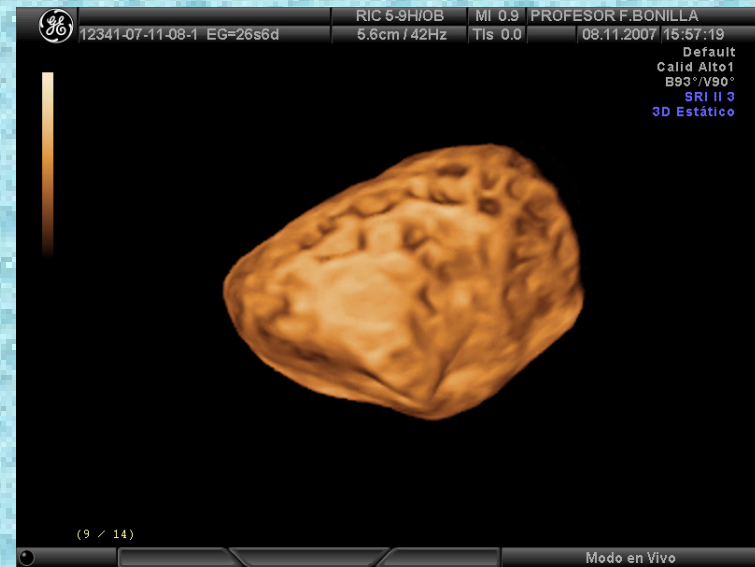
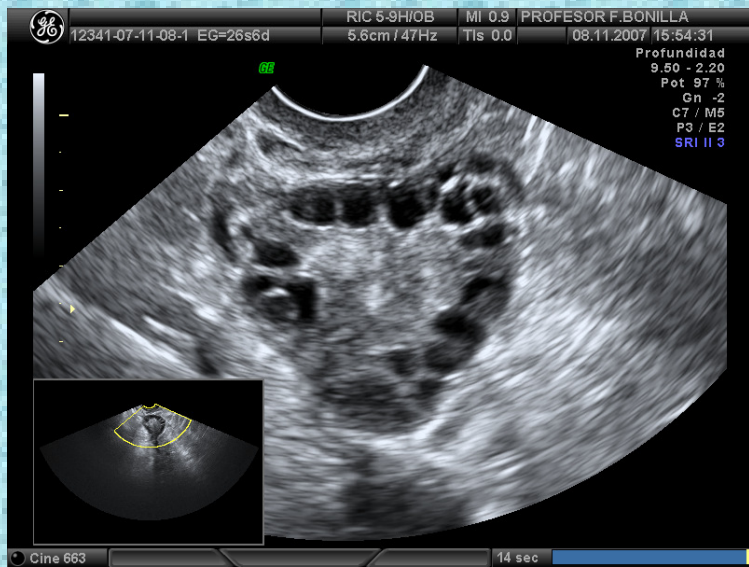
Criterios ecográficos de PCOs.

[06]

- Al menos uno de los siguientes:
 - 12 o mas foliculos de 2-9 mm. de diámetro.
 - **Volumen ovarico >10cm³.**

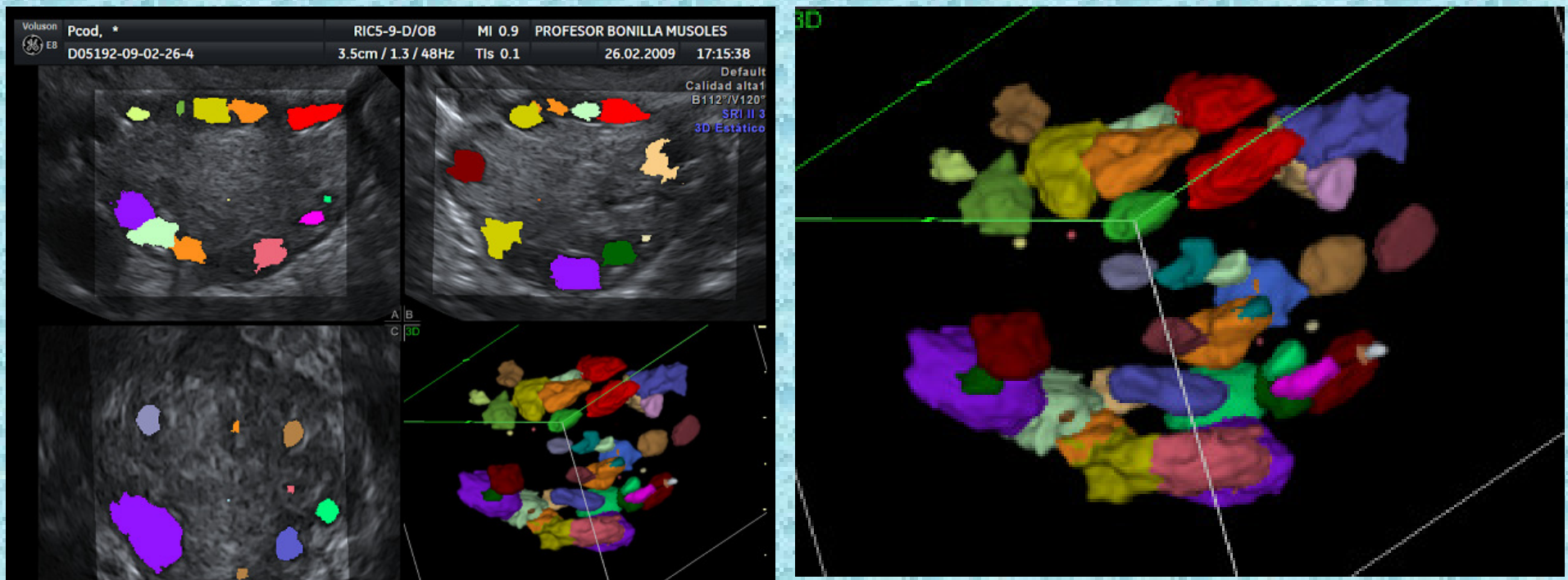


Nuevas aplicaciones en PCOs: Inverse mode.



Allemand M. **Fertil Steril** 85:214-219, 2006.

Nuevas aplicaciones en PCOs: AVC.

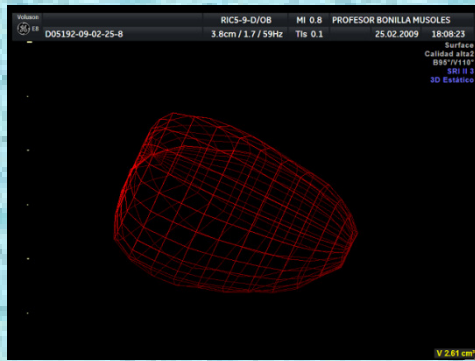


[06]

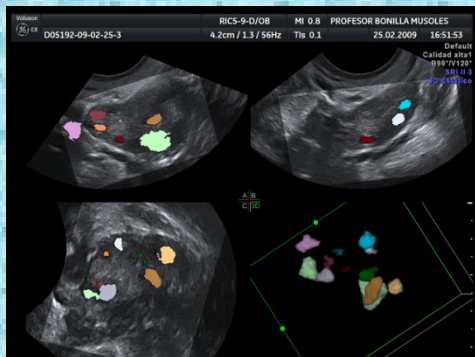
Jayaprakasan K. *Hum Reprod* 23:1538-1544, 2008.

Crterios ecogrficos de PCOs.

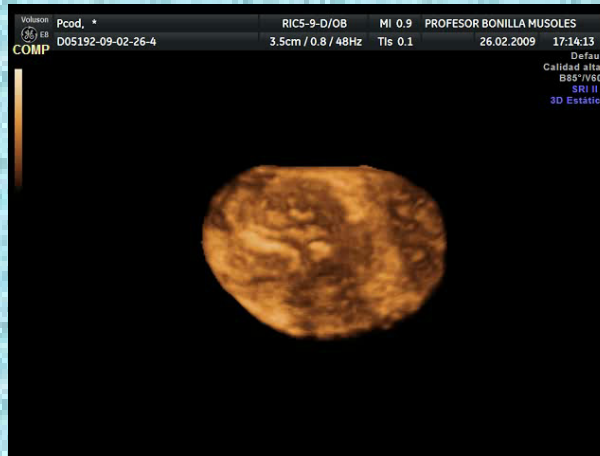
Normoandrogenicos



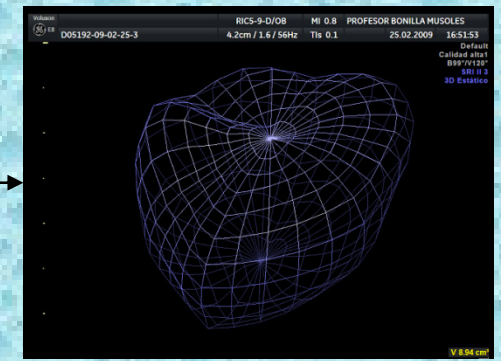
$7.3 \pm 2.1 \text{ cm}^3$



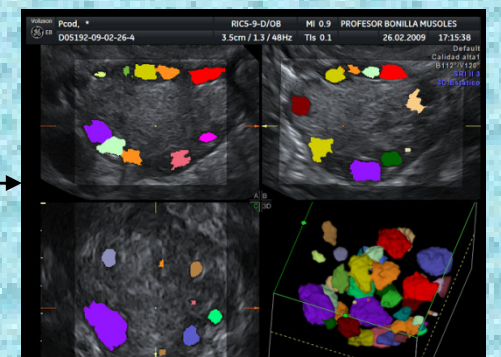
9.5 ± 3.1



PCOs.



$29.8 \pm 3.5 \text{ cm}^3$



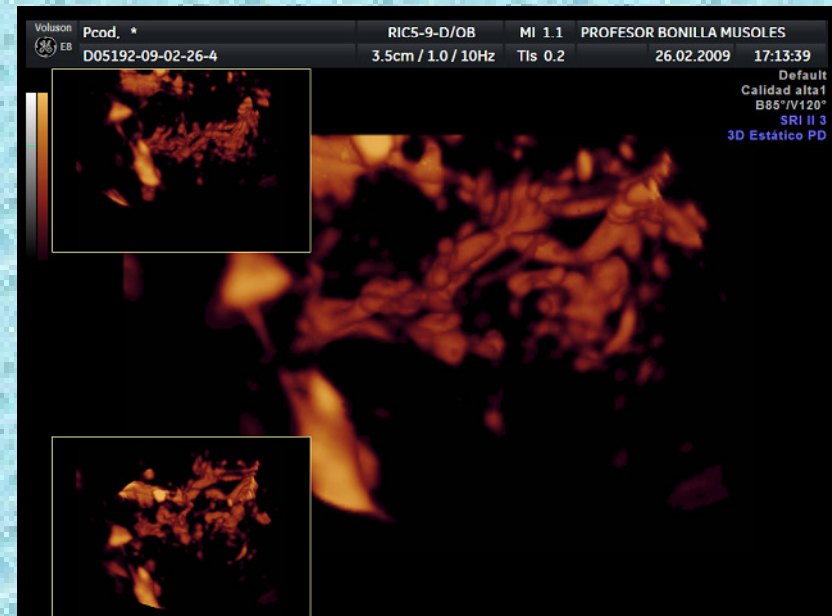
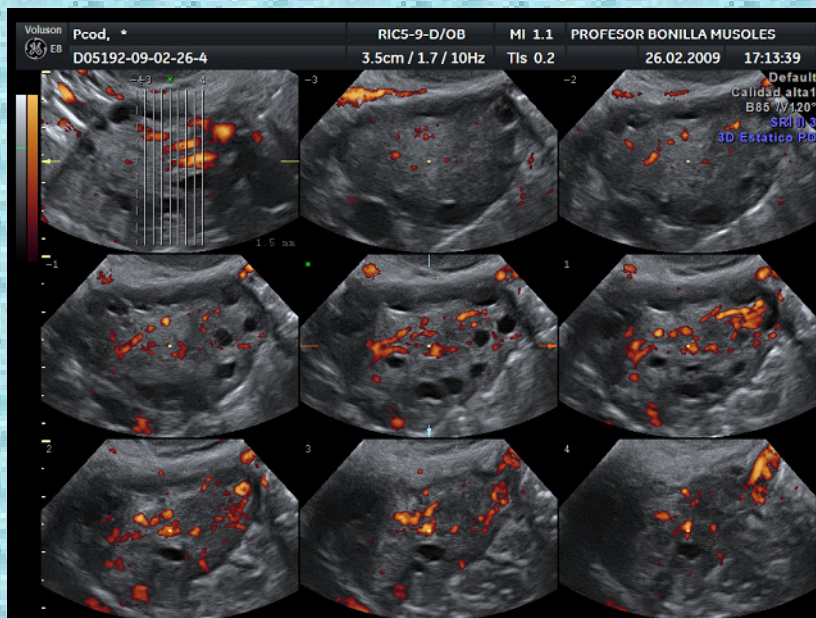
29.8 ± 11.5



Allemand M. *Fertil Steril* 85:214-219, 2006.

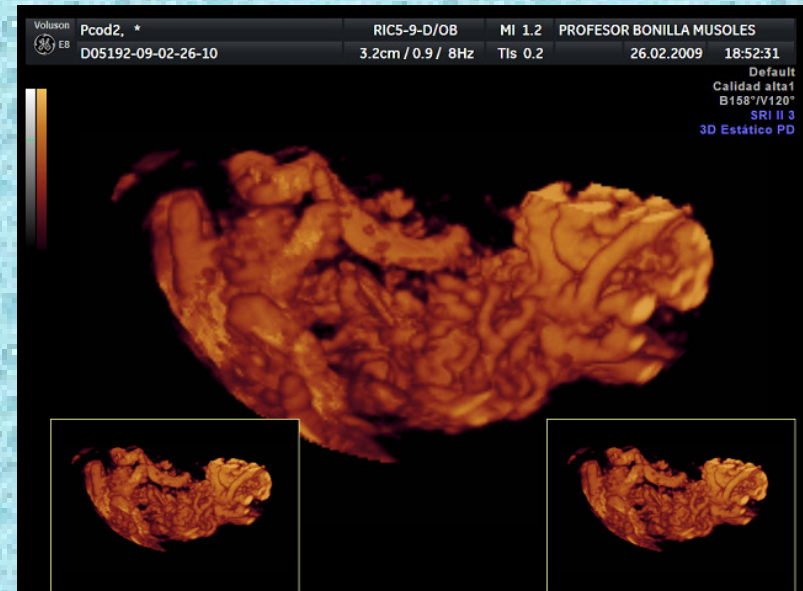
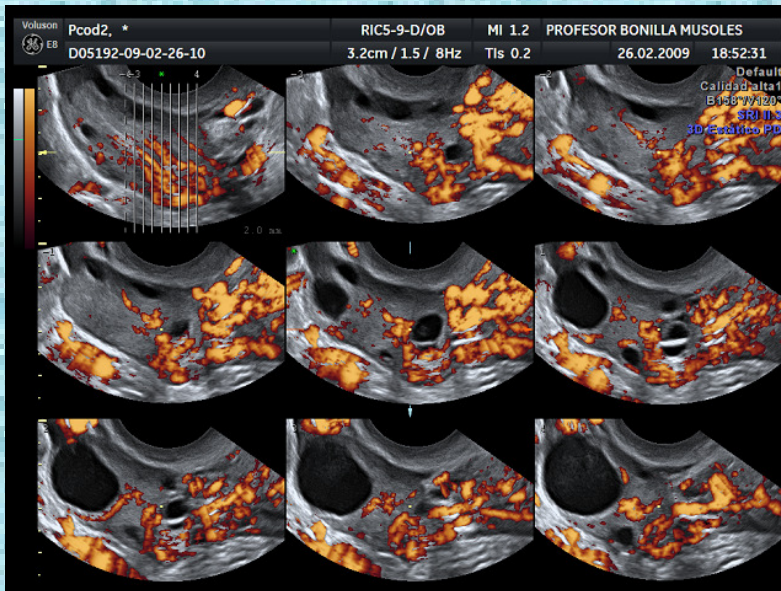
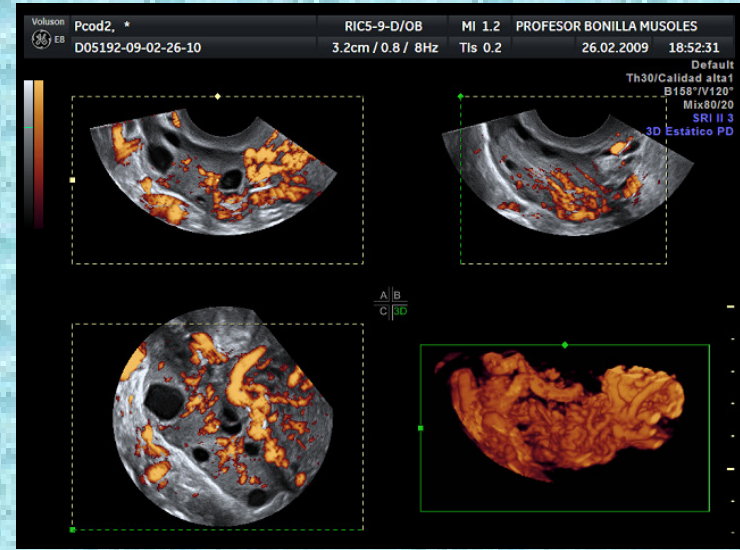
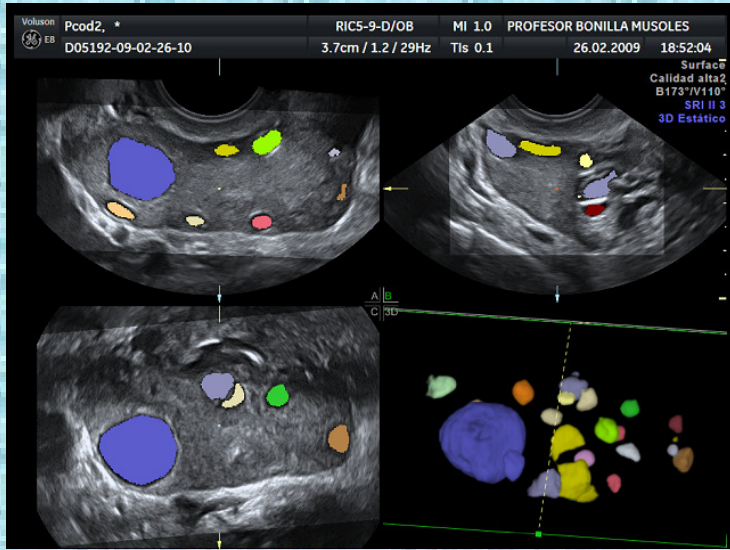
Nuevas aplicaciones en PCOs: Angiografía Digital Doppler 3D.

- ❖ Gran vascularización.
- ❖ Parámetros 3D (VI, FI, VFI) significativamente mayores que en grupo control.
- ❖ Nuevo marcador ecografico de PCOs ?.



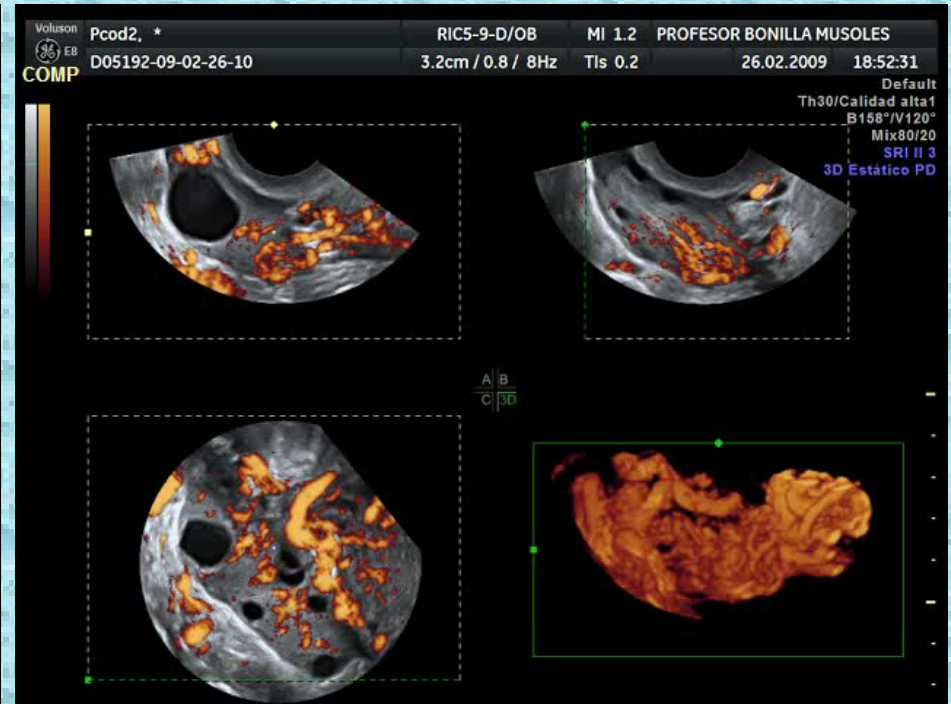
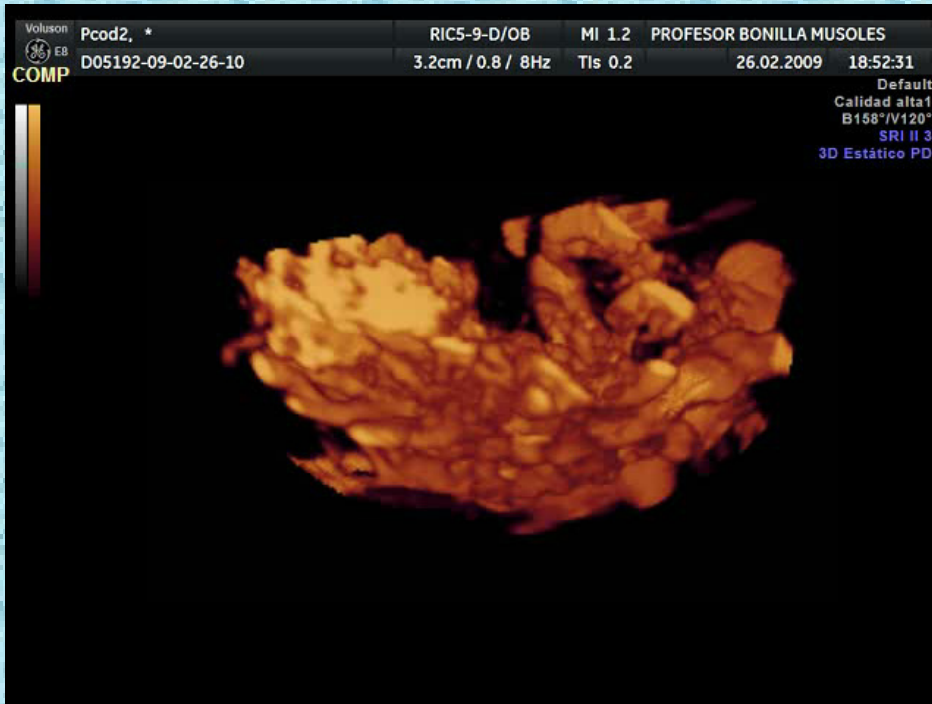
Mala Y. Int J Gynecol Obstet 2009: En prensa.

Angiografía Digital Doppler 3D.

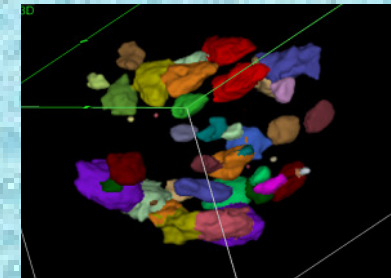
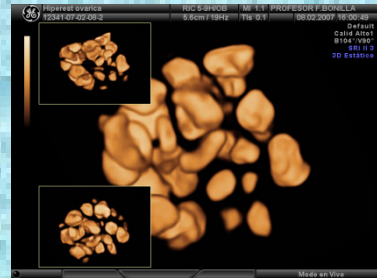
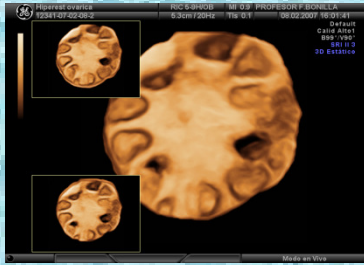


Mala Y. Int J Gynecol Obstet 2009: En prensa.

Angiografía Digital Doppler 3D.



Angiografía Digital Doppler 3D.



Normoandrogenicos

PCOs.

Vascularización 3D

Vascularización 3D

VI (%): 2.79

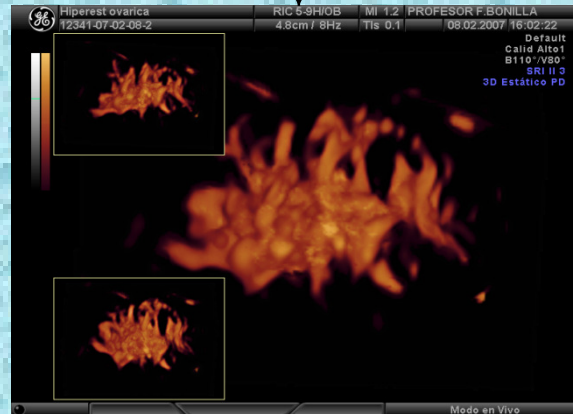
VI (%): 3.85

FI (0-100): 31.79

FI (0-100): 33.54

VFI (0-100): 0.85

VFI (0-100): 1.27



[0*]

Pascual MA. *Gynecol Endocrinol* 2008; 24:631-636.

Lam PM. *Hum Reprod* 2007; 22:3116-3123.

MUCHAS GRACIAS

