Ultrasound is a key diagnostic tool in the evaluation of women’s health

As the new Editor for the AJUM, I am extremely honoured and excited to be involved both with ASUM and the new Editorial Board as we move together towards attaining PubMed recognition for Australia’s premier ultrasound journal. This is not a new goal by any means but one which needs to happen for our journal to get the recognition it deserves.

I congratulate George Larcos, as outgoing Editor, and his Editorial Board who worked tirelessly over the last two years to ensure that the AJUM produced high quality material. Their commitment has laid the foundation for the AJUM, which is already available electronically, to be internationally recognised as a peer-review journal. This goal will be achieved in due course and will take a concerted and hugely sustained effort by not only my new Editorial Board but also the readership of the AJUM. I challenge all ASUM members to contribute their letters, case reports, review articles or original research to the AJUM so we can attain the excellence demanded internationally for PubMed recognition.

I am excited to announce the electronic publication of the AJUM. Although all of the previous published issues are available as PDF documents via the ASUM website, as this issue goes to press our publishers are preparing the previous issue for publication as an online journal. By the end of the year we expect to be concurrently publishing the AJUM as a traditional journal and as an online journal, and to have republished volumes 12 and 13 online. This brings with it the advantages of electronic indexing and referencing. Initially we expect it to be listed in the CiNahl and Informit indexes. This represents a significant milestone towards eventual PubMed listing.

May’s issue will challenge your concept of a “negative pelvic ultrasound scan” in both pregnant and non-pregnant women, concentrating on women’s health and in particular breast ultrasound as well as early pregnancy and gynaecological ultrasound.

Negative pelvic ultrasound scan – what does it really mean? The paper The term pregnancy of unknown location is here to stay challenges the recommendation that the term “pregnancy of unknown location” (PUL) be abandoned, which is one of the recommendations of the recent confidential enquiry into maternal deaths in the United Kingdom, entitled Saving mothers’ lives: reviewing maternal deaths to make motherhood safer, 2006–2008. This paper argues that the abandonment of the use of the term PUL would be a retrograde step as, prior to this report, more than a decade of peer reviewed published evidence on women with a PUL had not documented a single maternal mortality in any published study. Both the European Society for Human Reproduction and Embryology (ESHRE) Special Interest Group and the Royal College of Obstetricians and Gynaecologists (RCOG) have embraced the term PUL.

In the paper by Simon Winder, he describes quite eloquently the history of the term ectopic pregnancy as well as the modern approach to the ultrasound diagnosis of ectopic pregnancy. In this review article, a positive ultrasound finding of an adnexal mass in a pregnant woman, using high resolution transvaginal ultrasound, is the basis for the diagnosis of a tubal ectopic pregnancy rather than the absence of an intra-uterine gestational sac.

In the paper by Shannon Reid, the traditional concept of a negative pelvic ultrasound report in the non-pregnant woman is challenged. We all know that women with underlying endometriosis often have a “normal” or “negative” pelvic ultrasound before laparoscopic surgery. What additional information can we get from ultrasound that can help to increase the pre-surgical detection of endometriosis in women with chronic pelvic pain? In her paper, she describes how to do this using the novel technique called sonovaginography first described in 2003. Real-time sonovaginography is used to not only detect posterior compartment deep infiltrating endometriosis (DIE) but also predict Pouch of Douglas (POD) obliteration; both these ultrasound findings are often overlooked with conventional transvaginal ultrasound. The laparoscopic community is latching on to this new approach to pre-operative ultrasound evaluation of potential endometriosis because it not only maps out the location of endometriotic DIEs but also the extent of the disease. It is time for the ultrasound community to jump on board as well.

In keeping with the theme for this issue, Ian Bennett discusses the role of ultrasound as a tool in the assessment and management of breast disease. He notes that while ultrasound’s greatest role is in the diagnostic workup it has also been increasingly utilised by breast surgeons in the operating room.

These papers challenge you to re-evaluate not only the way in which you use ultrasound to assess the pelvis but also the way in which you report on the findings.

I look forward to delivering the highest quality as the Editor of the AJUM.

George Condous