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Regarding "Adenomyosis Patterns on Transvaginal Sonography Could Predict the Obstetrical Outcomes of Fertility-sparing Surgeries: A Retrospective Cohort Study"

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Regarding "Adenomyosis Patterns on Transvaginal Sonography Could Predict the Obstetrical Outcomes of Fertility-sparing Surgeries: A Retrospective Cohort Study"

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Dear Editor,

Chen et al.[1] recently conducted a retrospective cohort study evaluating the association between adenomyosis patterns and obstetrical outcomes following fertility-sparing surgery. However, several aspects of the study warrant further clarification.

First, the study[1] states that six physicians performed the transvaginal sonography (TVS) examinations, yet it provides no assessment of inter-observer consistency—such as Cohen's κ or the intraclass correlation coefficient (ICC). Without these statistics, it is impossible to determine whether the classification of lesions as "localized" versus "diffuse" was reproducible across operators, introducing a risk of misclassification bias that could affect the reported associations. I therefore recommend that the study calculate and report κ/ICC values, together with 95 % confidence intervals, to demonstrate reliability.

Second, the study[1] does not specify the time interval between TVS and surgery—whether TVS was performed one month or as long as one year preoperatively. A prolonged interval could allow localized adenomyosis to progress to diffuse disease, potentially resulting in misclassification. For example, a patient initially diagnosed with localized adenomyosis one year before surgery may actually present with diffuse disease at the time of operation, yet be incorrectly categorized in the "localized" group. It is therefore recommended that TVS be performed within an appropriate preoperative window (e.g., within one month) and that the TVS-to-surgery interval be reported to minimize classification bias.

The study's abstract[1] reports that participants had a median postsurgical follow-up period of 52.8 months (range 6–88 months) which indicates that follow-up duration varied widely among participants from as short as 6 months to as long as 88 months. The wide range of follow-up duration creates concerns about outcome ascertainment because patients with brief follow-up periods may not have reached conception or live birth milestones. The difference in follow-up duration may lead to underreported

reproductive event rates which produces confounding bias.

Conflict of interest

None.

References

1. Chen X, Lang J, Li L. Adenomyosis Patterns on Transvaginal Sonography Could Predict the Obstetrical Outcomes of Fertility-sparing Surgeries: A Retrospective Cohort Study. J Minim Invasive Gynecol. 2025 Jan 11:S1553-4650(25)00022-6.