

Complex Genitourinary Malformations and the Need of a Proper Interpretation

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Editorial

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Editorial

We usually read publications communicating exceptional cases [1], new malformations not previously described and/or which are out of any classification, or even new classifications supposedly not described before [2]. Actually most of the times it is just a wrong interpretation of the anomaly, sometimes due to an incomplete research on it [3,4]. And nevertheless, we still keep on looking for the reference tool or gold standard for the diagnosis of malformations [5,6] trying to relegate others such as the hysterosalpingography, which should hold certain significance [7].

Apart from the well-known and widely used classification of the American Fertility Society (1988) [8] for the müllerian malformations, other systems of classification are in use [9-11] to try to standardize the denomination of malformations and so, make the comparison of results between groups possible. A correlation between the different subtypes of each of the classifications has been presented [12], but it will be of little help unless the physician makes a proper interpretation of the images, the classification system used is inexact [13,14], the studies are incomplete [15,16], or the embryological origin of the malformation and its possible associated malformations are not considered [12].

More important than finding the “best” classification or the “best” diagnostic test is the correct interpretation of the anomaly in all its genitourinary range, its embryological correspondence and the possible implications it may have on our patient [17,18], also understanding that the case must be completely clarified before making any therapeutically decision.

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