broadened. One can even say that, with the confirmatory diagnosis from the use of 3D TVS, the other imaging modalities (eg, computed tomography) may not have even been necessary to use in this case.

In fact, the authors of 1 of the references that was cited in this article[2] stated that "visualization of the ureters could be incorporated into standard gynecological pelvic examination without significant increase in the examination time." Those authors stated that this could be done "particularly in women with a history of pelvic pain." Moreover, we have many similar examples of the clinical value of 3D TVS for other routine gynecologic diagnoses. ■

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The authors report no conflict of interest.

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REPLY

We appreciate the insightful comments expressed by Drs Levine and Fernandez regarding our recent report on the ureter stone diagnosed with 3-dimensional (3D) transvaginal ultrasonography. We absolutely agree with the authors' opinion that the 3D sonography provided additional useful information to the 2-dimensional sonography. As Drs Levine and Fernandez commented, the imaging studies that were performed to confirm the diagnosis of distal ureteral stone in our case might not be needed in other cases, considering the additional cost and radiation exposure.

Although not necessary in every case, 3D sonography is highly useful in the differential diagnosis of congenital uterine anomalies because the coronal image of 3D sonography provides both the outline of endometrial cavity and external fundal contour of the uterus.

Some authors reported the accuracy of 3D sonography to be comparable with that of magnetic resonance imaging.[1] 3D sonography also enables doctors to confirm the relationship of the leiomyoma to the endometrium. The main body of leiomyoma can be located without performing a sonohysterogram, which can sometimes be painful for the patient. We also think the rendered 3D sonography is also helpful in the removal of intrauterine lesions, such as endometrial polyps or injuries, that are caused by impacted intrauterine devices with various shapes.[2] The more precise localization of intrauterine lesions enables targeted curettage without requiring an office hysteroscopy. However, we look forward to performing a more extensive study that will evaluate the usefulness of 3D sonography in the diagnosis of gynecologic diseases. ■

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Comment on: Predicting the difficulty of operative vaginal delivery by ultrasound measurements of the fetal head station

TO THE EDITORS: I read with interest the study by Kasbaoui et al,[1] who investigated the clinical usefulness of measuring the perineum-to-skull ultrasound distance to predict the difficulty of operative vaginal delivery. However, I cannot agree with the conclusion reached. To perform operative vaginal delivery, I believe that the position of the