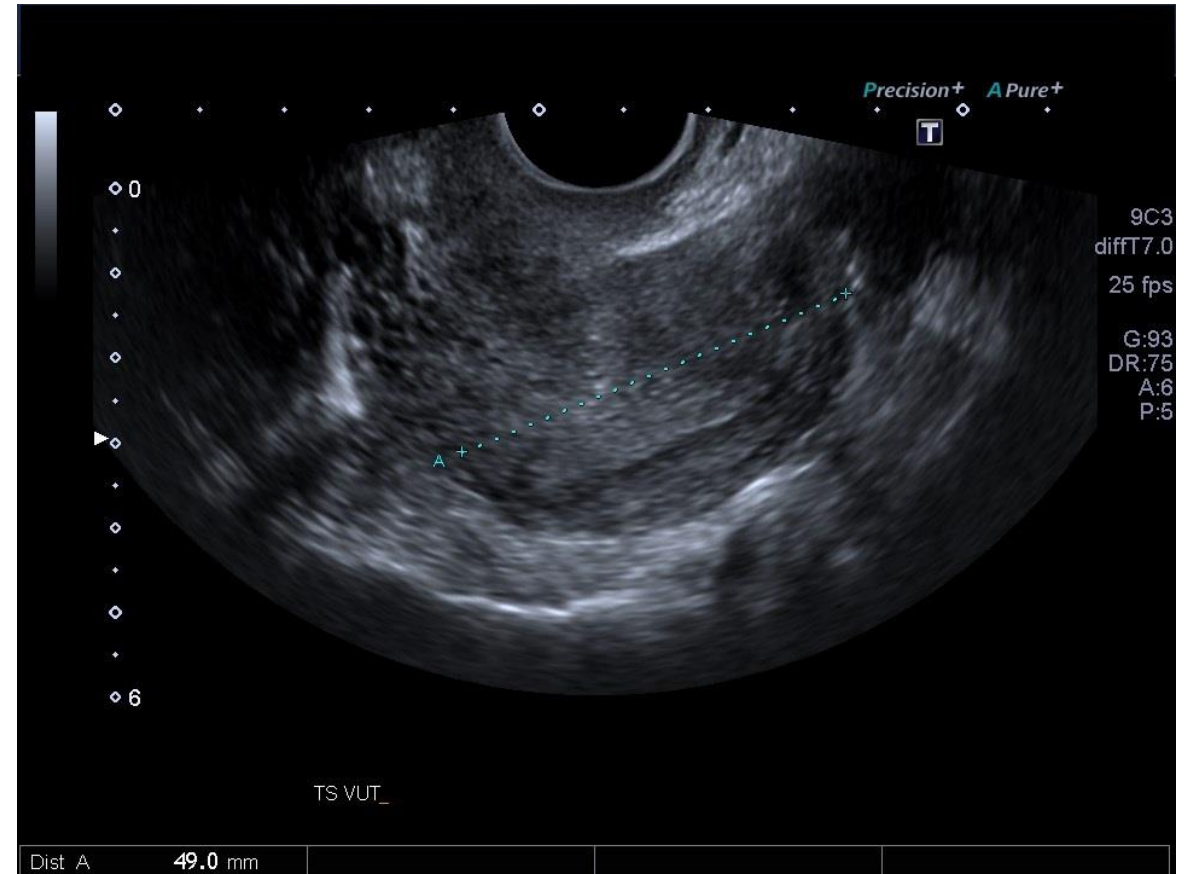
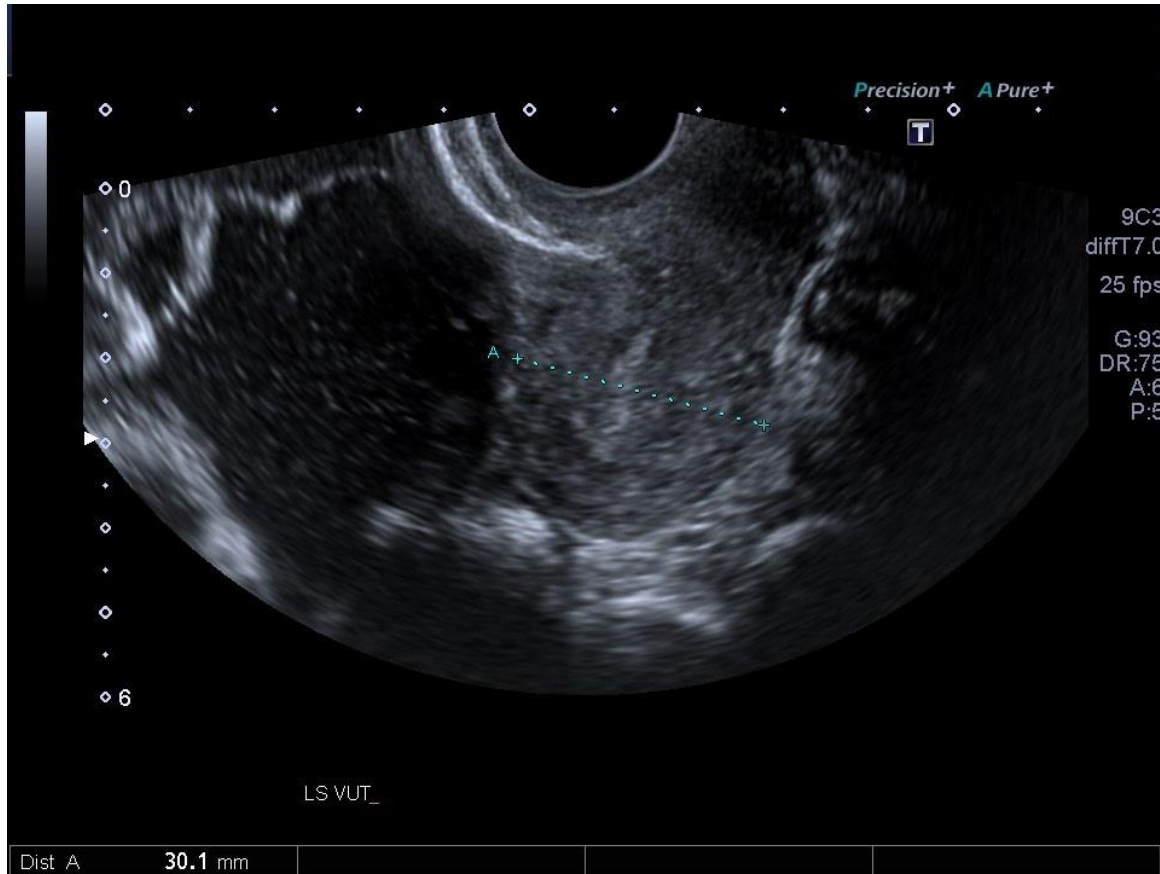
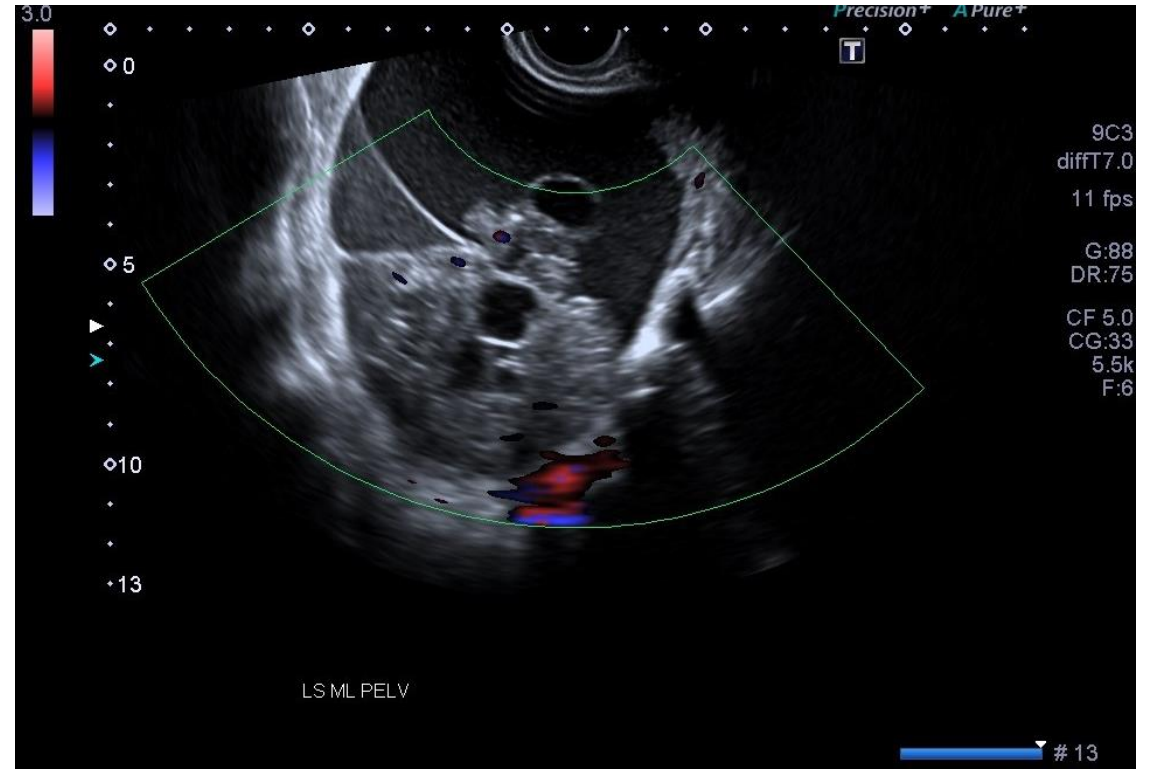
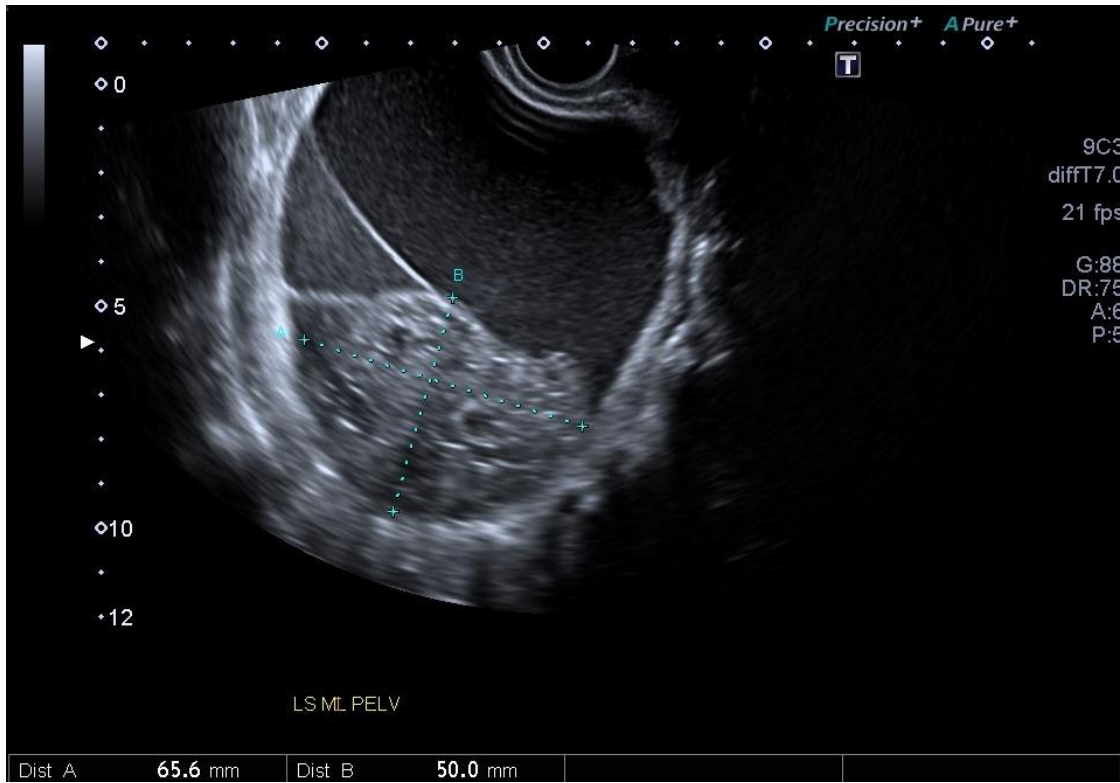


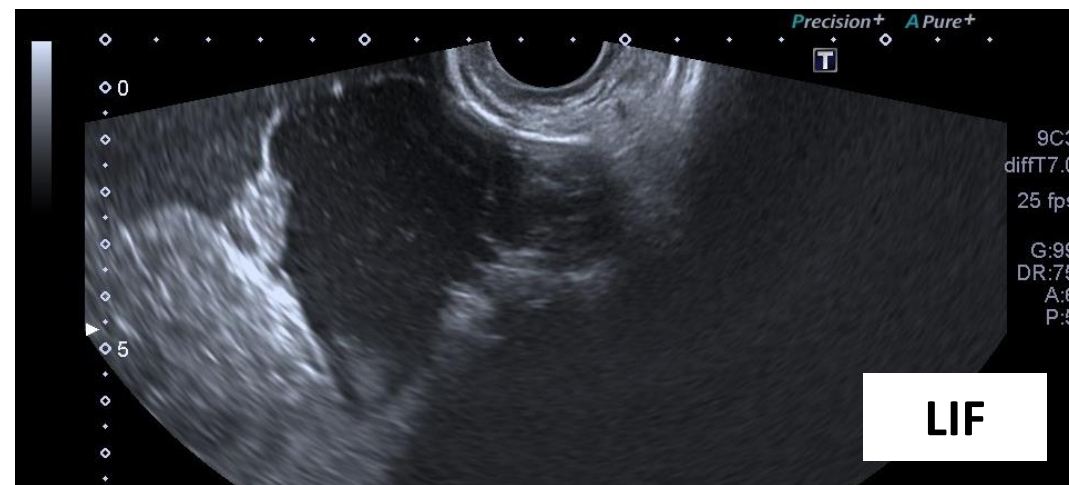
Gynaecological Ultrasound Case 1

May 2021

Presentation: Post-menopausal 55 year old woman with new lower abdominal lump







Do not progress to next slide until you have attempted
to write your own report.

TA and TV scan with patient verbal consent. (Chaperone present, XXXX, RDA).

There is a large complex cystic mass located centrally in the pelvis immediately superior to the uterus. Overall dimensions are 129 x 106 x 71mm. Within the cyst there is a large solid component of 65 x 50mm with small traces of vascularity within. Appearances are highly suspicious for ovarian malignancy.

The uterus is normal in size and texture and the endometrium has an AP diameter of 3.7mm which is within normal limits postmenopause. No free fluid identified within the pelvis.

Conclusion:

Appearances of mass identified centrally in the pelvis are highly suspicious for ovarian malignancy
- Urgent Gynaecological review is required.

I have informed the patient that there is a cyst in the pelvis, likely ovarian. She is aware the result will be fast-tracked to the surgery today so that gynaecological follow up can be organised and has been asked to ring surgery later this afternoon. I have not informed the patient of the suspicious appearances.

MRI report:

Clinical Details: Abdominal bloating. Palpable lower abdomen mass. Recent ultrasound - complex suspicious looking mass ? ovarian malignancy. CA125-12. Please assess mass to plan management

Findings: Comparison made with previous ultrasound dated xx/xx/2021.

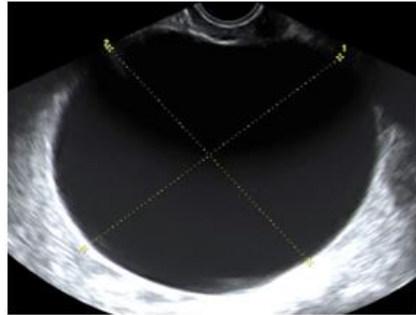
There is a large complex multicystic mass within the pelvis measuring 12.5 X 10.7 x 9 cm (see key images). Superiorly, the mass has a microcystic (soap bubble) appearance with thickened septations, more so posteriorly, which demonstrates restriction of diffusion. There are possible small papillary projections in the larger cystic lesions which also show restriction (see key images). A few cysts demonstrate high T1 and T2 signal suggesting mucinous components. No enhancement seen. No significant pelvic lymphadenopathy.

Postmenopausal appearance of the uterus. Ovaries not clearly seen given the large cystic mass in the pelvis.

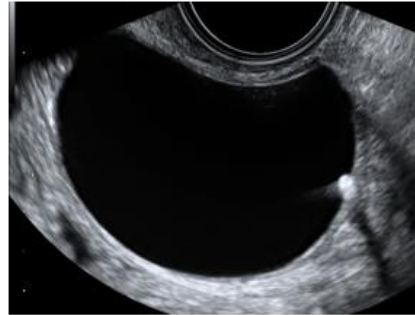
Conclusion: Large complex cystic mass of 12.5 cm with heterogeneous signal characteristics, thickened septa and papillary projections which show restricted diffusion. Appearances suggest a borderline mucinous lesion. No definite metastatic spread.

BMUS When reporting: follow IOTA simple rules!

B1 Unilocular



B2 Presence of solid components with largest diameter < 7 mm



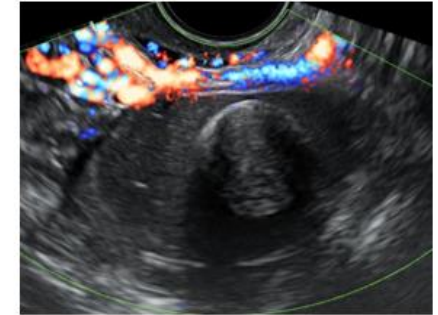
B3 Presence of acoustic shadows



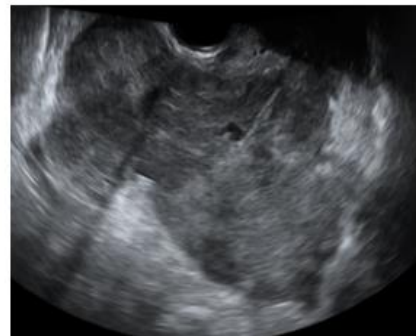
B4 Smooth multilocular tumor with largest diameter < 100 mm



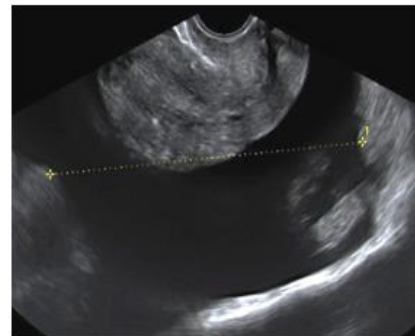
B5 No blood flow (color score 1)



M1 Irregular solid tumor



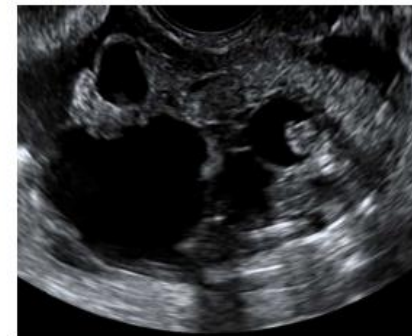
M2 Presence of ascites



M3 At least 4 papillary structures



M4 Irregular multilocular-solid tumor with largest diameter \geq 100 mm



M5 Very strong blood flow (color score 4)



Mucinous cystadenoma

- Account for around 20% of ovarian tumours
- Can cause pseudomyxoma peritonei where they rupture
- 60% survival rate for borderline, 34% for malignant
- 80% are benign, 10% borderline, 10% malignant
- Risk factors; obesity and conditions that cause hormonal imbalance
- Peak incidence = 30-50 years old