Gynaecological Ultrasound Case 7
January 2024

Clinical details:

GP referral. 39 y/o female. Severe cyclical cramping.

PV bleeding/spotting for five weeks.

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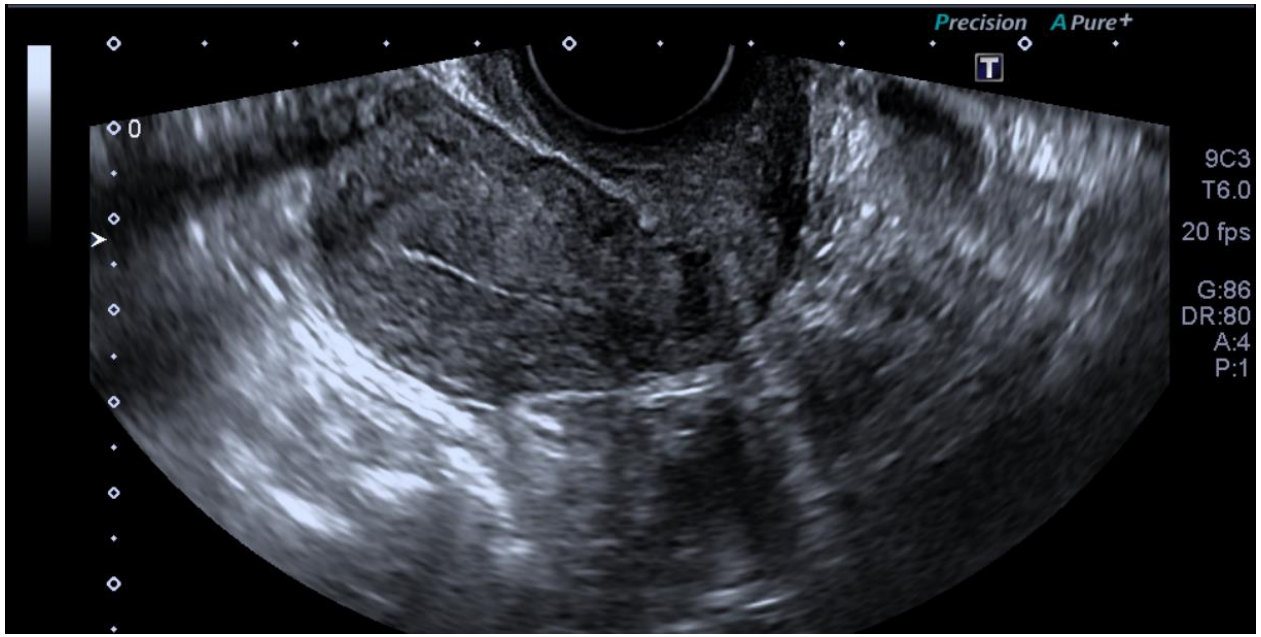
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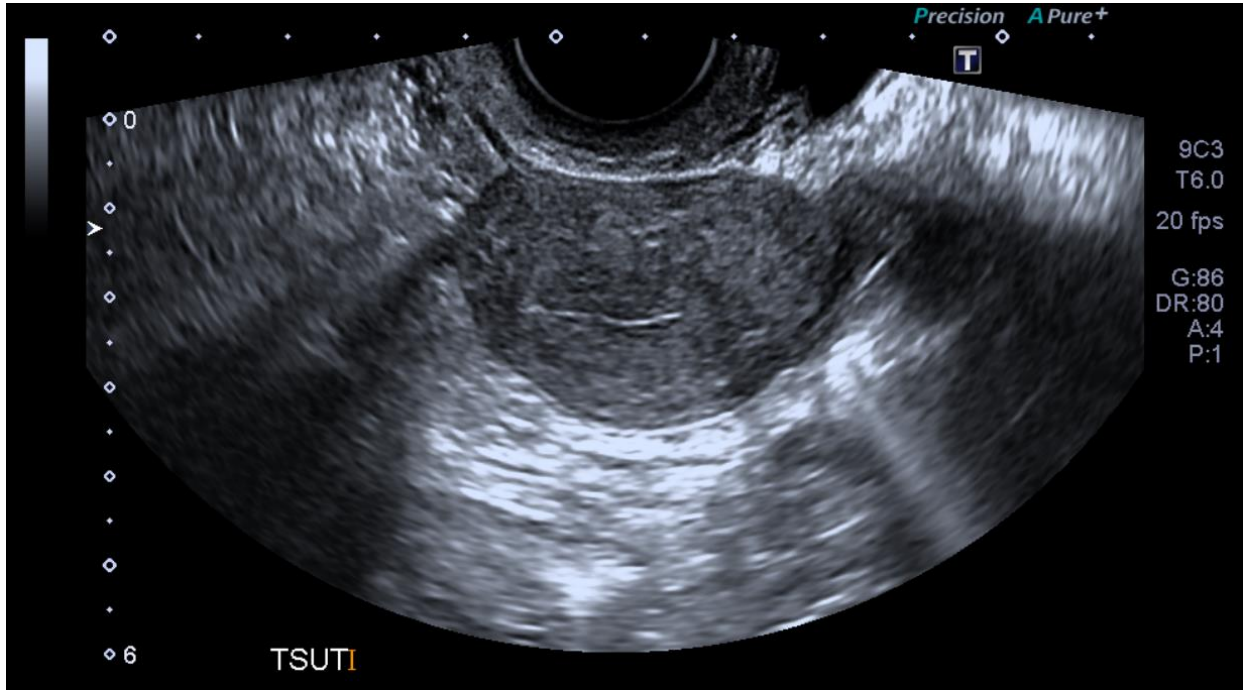
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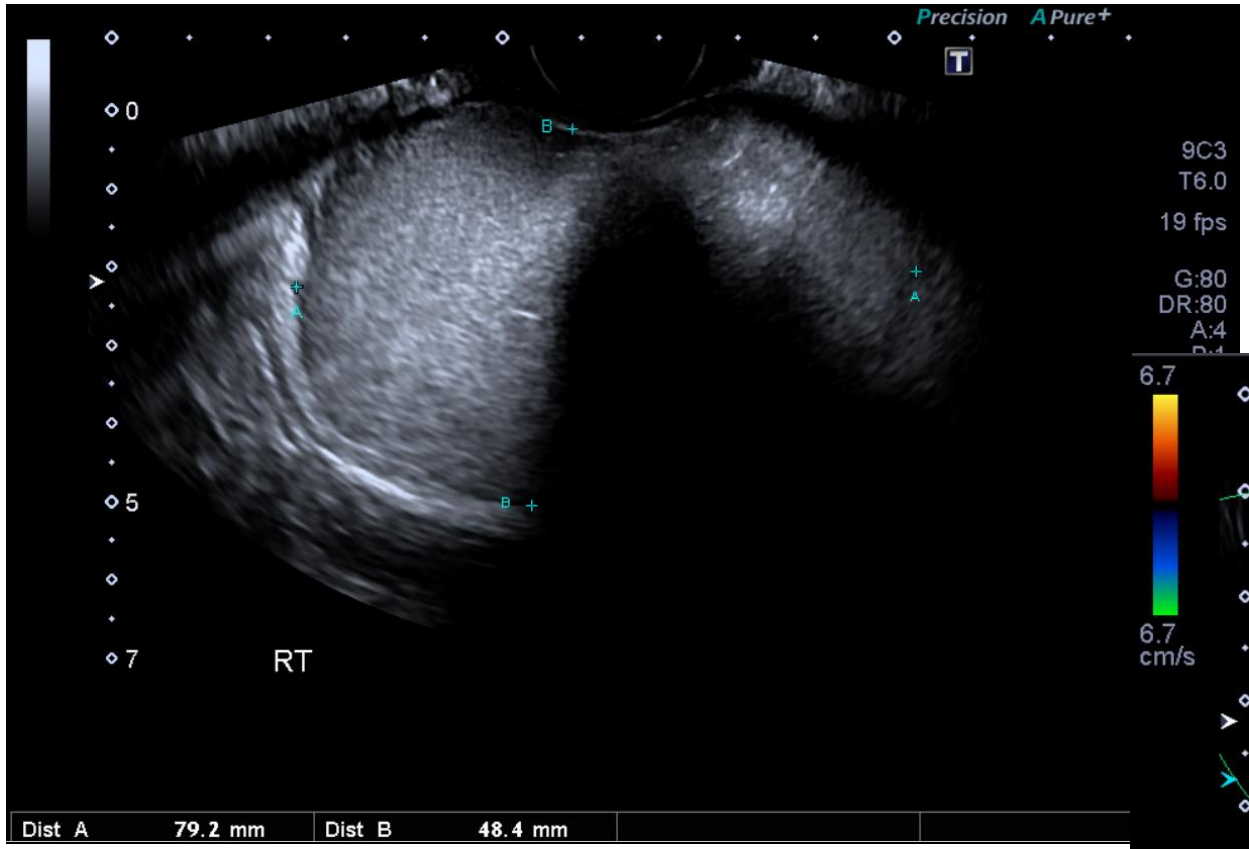
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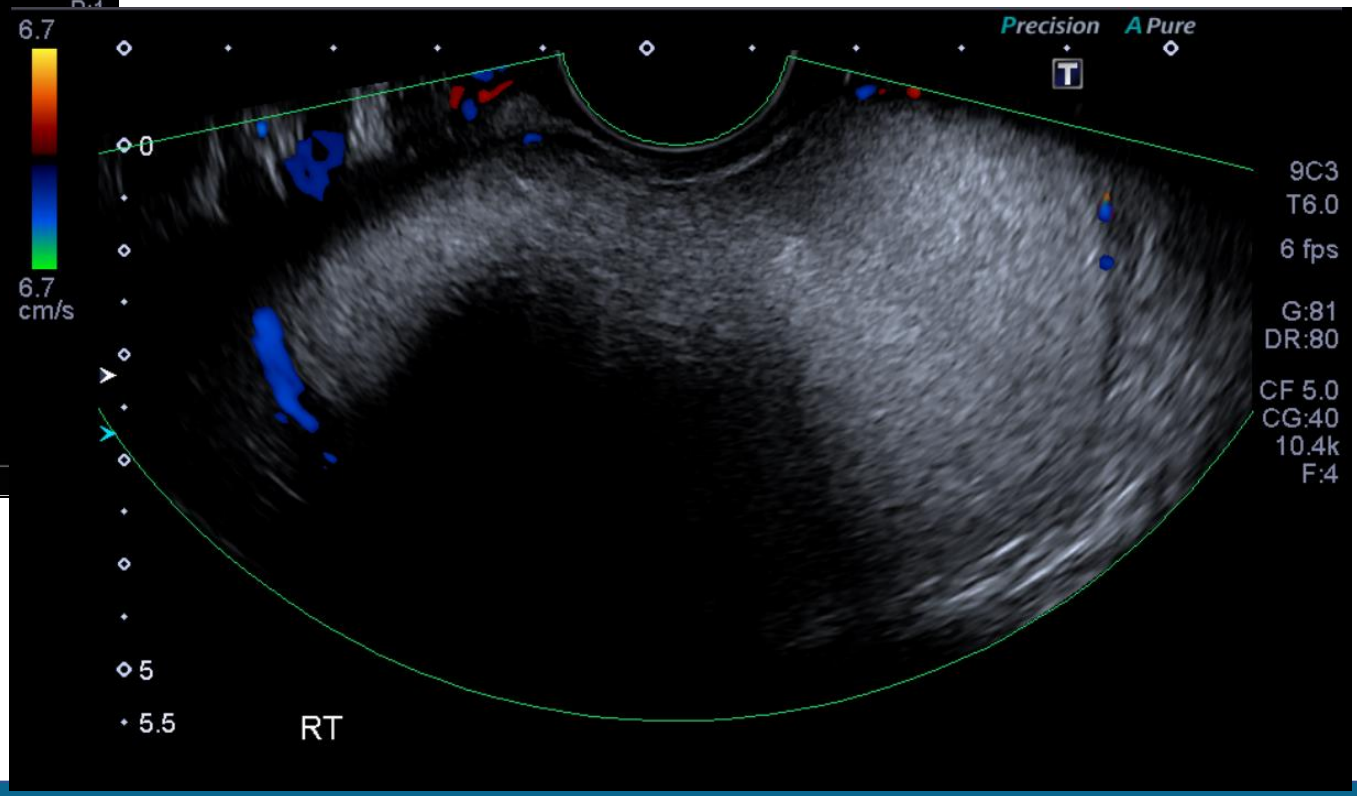
Dist B 48.4 mm


6.7
6.7
cm/s
Precision
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CF 5.0
CG:40
10.4k
F:4

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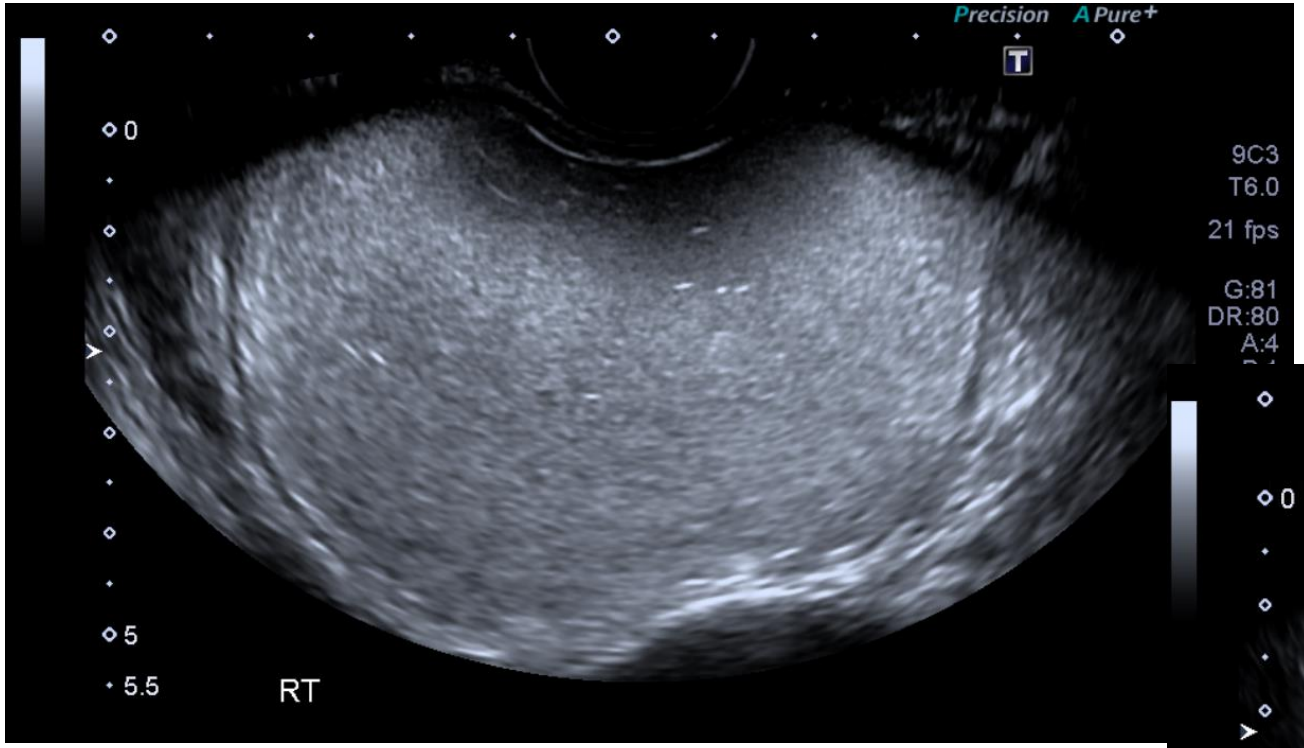
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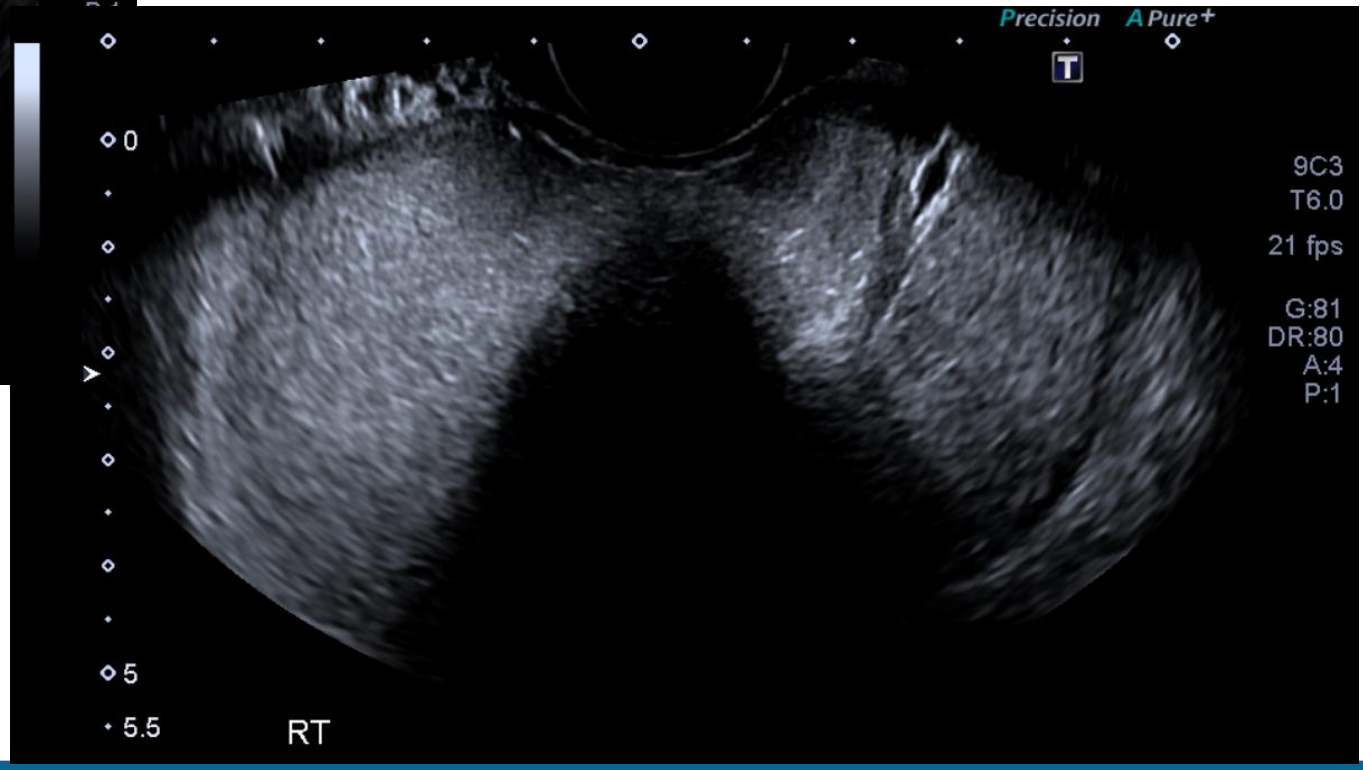
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Do not progress to next slide until you have attempted to write your own report

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US Report:

TV scan with patient's consent.

Arising from the right ovary there is a unilocular well-circumscribed lesion, which is mostly homogeneous but with some areas of shadowing and some hyperechoic striations. The lesion is avascular and measures 79 x 48 x 75mm. Appearances consistent with a dermoid cyst. Referral to gynaecology is advised.

The uterus is normal in size and texture. The endometrium has an AP diameter of 1.3mm and this correlates with patient taking COCP. The left ovary is normal in appearance. No free fluid seen.

Conclusion:

Right ovarian dermoid cyst. Referral to gynaecology is advised.

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Mature cystic teratoma (ovarian dermoid cyst) fact file

Dermoid cysts are the most common benign ovarian tumour. These germ cell tumours comprise a mix of different tissues (mesodermal, ectodermal and endodermal) including skin, fat, muscle, hair and even brain.

Risk factors:

They are congenital, therefore are present from birth and grow slowly over time. There are no known risk factors but there are genetic links.

Symptoms:

Often asymptomatic and found as part of investigation for non-related symptoms, however can cause pain if large or can undergo torsion which presents with a subset of symptoms including; nausea, vomiting, intense pain.

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Features of Dermoid Cysts:

IOTA simple rules are helpful for determining benign vs malignant.

1. Hyperechoic striations and dots – corresponding to hair
2. Fluid/fat layering or fat balls
3. Strong acoustic shadowing ”tip of the iceberg sign” - due to sebaceous material or calcium material (bone/teeth)
4. Avascular