

Dr. Falguni Singh Rathore

Dr. Rajesh Kumar Gupta

ENDOMETRIOSIS

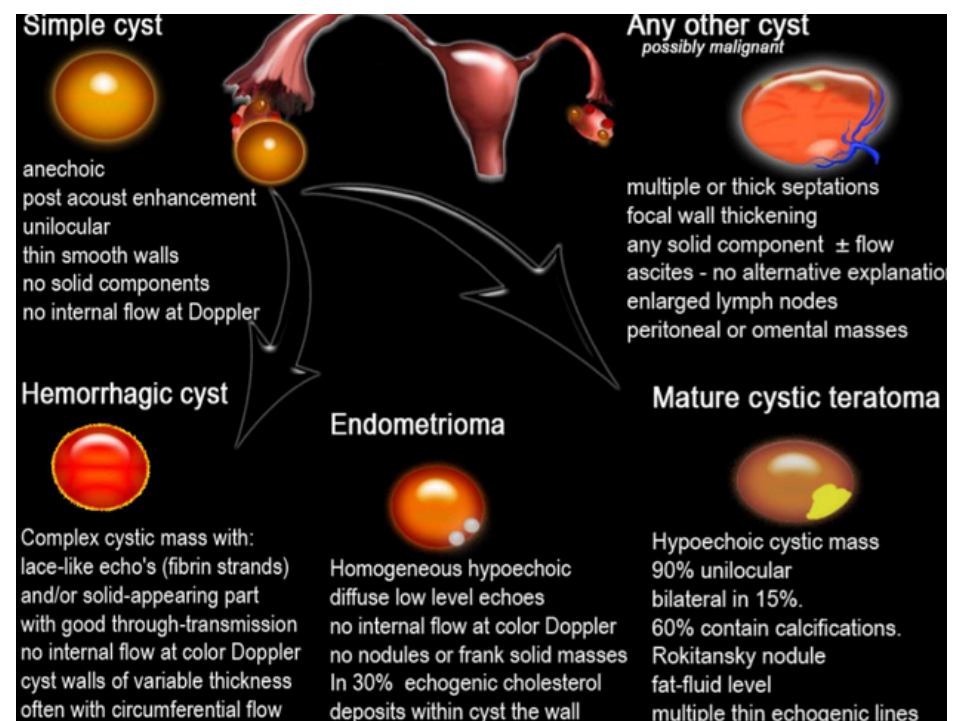
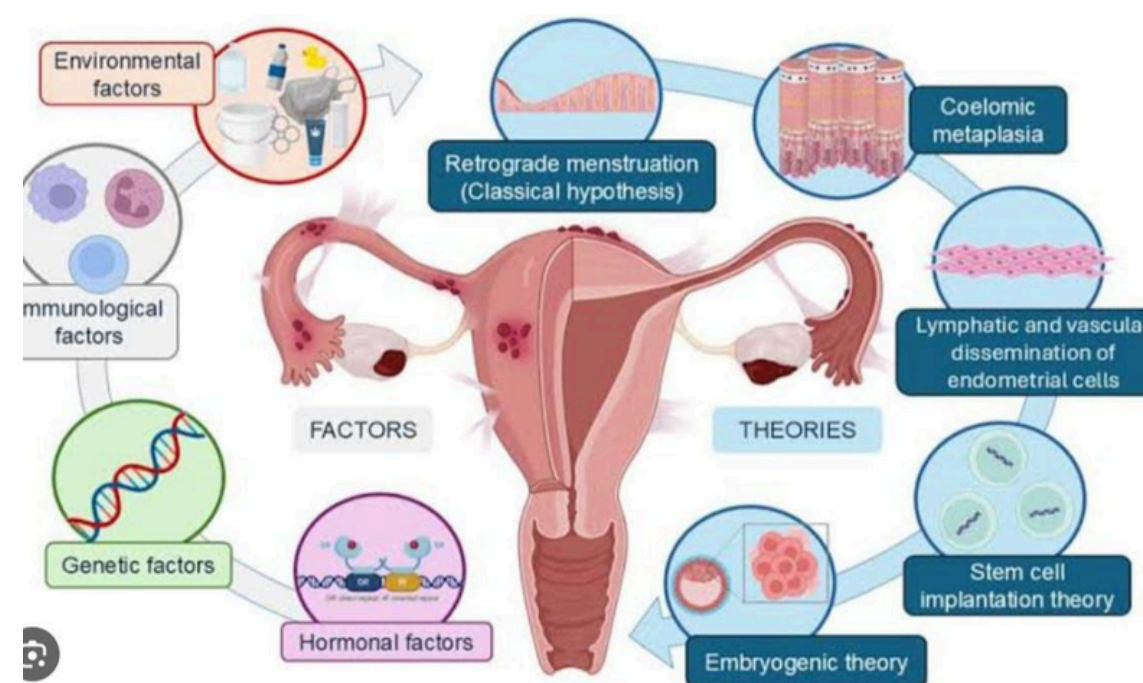
Endometriosis is a chronic inflammatory disorder characterized endometrial-like tissue present outside of the uterus, affecting approximately 10% of reproductive age women.

Symptoms - abdomino-pelvic pain, infertility and other non-gynecological symptoms.

There are mainly 3 types of endometriosis

- 1) Superficial endometriosis
- 2) Endometriomas
- 3) Deep infiltrating endometriosis (DIE)

The pathogenesis includes varied factors and theories -)



Transvaginal ultrasound (TV-US) is the first-line imaging modality. Enhanced sonographic techniques are emerging as a dedicated technique to evaluate deep infiltrating endometriosis (DIE). MRI is an ideal complementary modality to ultrasonography.

USG and MRI findings (TVS and CE USG)

Uterus

- anteverted-retroflexed uterus
- nodules on the serosal surface of the uterus may appear as solid, hypochoic masses

ovarian endometriomas (typical)

- typically unilocular cystic lesions containing uniform low-level echoes (ground glass appearance) due to hemorrhagic debris
- no blood flow on colour Doppler
- 'kissing' ovaries sign describes ovaries that are adherent to one another posterior to the uterus and is frequently seen with bilateral endometriomas.

Like many other ovarian cysts, endometriomas do not typically resolve
On MRI - shading sign on T1 with T1 FS hyper intensity.

On T2 variable appearance depending upon age of hemorrhage , though specific sign is T2 dark spot sign

fallopian tubes: hydrosalpinx

urinary bladder

- the appearance of nodules can be varied, including hypochoic linear or spherical lesions, with or without regular contours involving the muscularis or (sub)mucosa of the bladder
- ureterovesical region can be obliterated due to adhesions; assessed with the sliding sign

posterior vaginal wall/ fornix

- thickening of the vaginal wall

uterosacral ligaments

- hypochoic nodule with regular or irregular margins within the peritoneal fat surrounding the uterosacral ligament;
- thickening of the white line of the uterosacral ligaments (>5.8 mm)

On MRI -

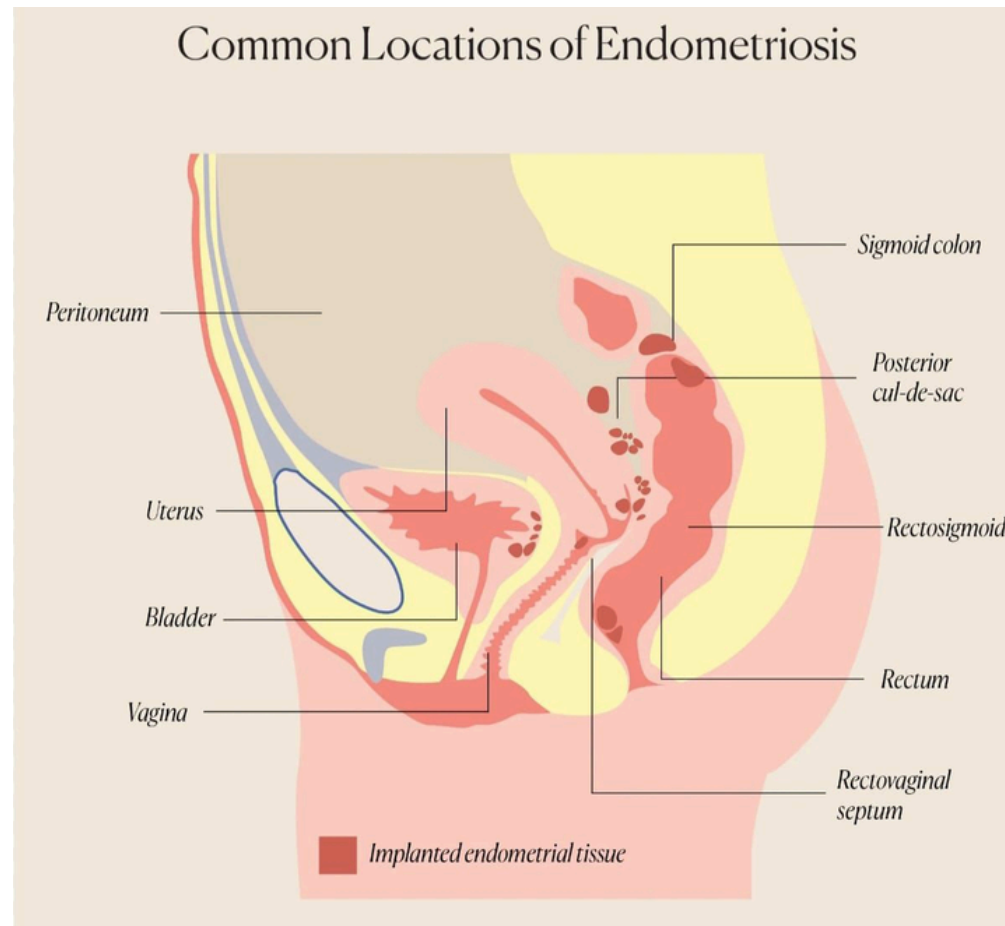
nodularity and thickening, altered T2 signal

pouch of Douglas

the pouch of Douglas is considered obliterated if the sliding sign is negative

Differential diagnosis:

- 1) Dermoid cyst - shows signal drop on fat suppression and chemical shift artifact
- 2) Hemorrhagic ovarian cyst- resolves over time.



MRI Pelvis is performed in an Advanced Fully Digital Lightstream uMR 580

Online Version: || अंतर्दृष्टि ||

MP MR Prostate, Cardiac MRI, Breast MRI, Body, Spine & Joint Imaging

Subscription price Rs.: 100/-



दि बाँयप्सी

दि कम्प्लीट डॉयग्रोस्टिक एण्ड टेलीडियोलॉजी सोल्यूशन
An ISO 9001: 2015 Certified Organization
May 7th, 2025 | Vol.-18 | No. 04
Published: 7th of every month Subscription price Rs.: 100/-

DR. RAJESH KUMAR GUPTA

DNB, DMRE, MNAMS, MSIVR, MICR, MIACI, MNIAI



DR. MRS. RITIMA GUPTA

BDS (Banglore), DHHCM (Pune)

504, Panama Tower, 75-Manoramaganj extension Beside Hotel Crown Palace,
near Geeta Bhawan Square, Indore Ph.: 0731-2526353, Mob.: 98260-12592



Radiovista Biopsy Foundation
of Advanced Radiology



COSMO DENTAL CLINIC

Address: 29 & 21 Shanti Nagar, Above Canara Bank, Shri Nagar Ext. Khajarana Road, Indore (M.P.)

mail ID: info@thebiopsy.in website: www.thebiopsy.in C +91-9285570808+91-9285270808