



KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

**MODERATOR: Dr. Rahul S, Assistant professor, Dept. of radio-diagnosis
JJMMC DAVANGERE**

PRESENTOR: Dr Manjunath, PG resident

Clinical history:

- 57 year old female
- C/O abdominal distension since 9 months , gradually progressive. Associated with pain abdomen and back ache.
- No h/o fever , white discharge per-vagina
- No h/o vomiting, bowel disturbance, burning micturition.

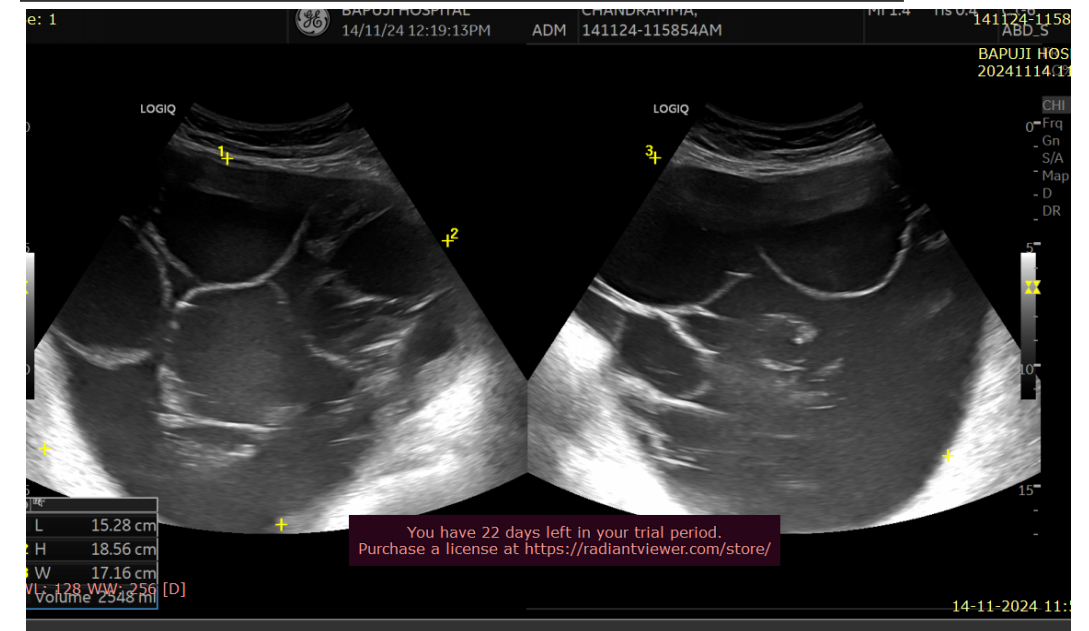
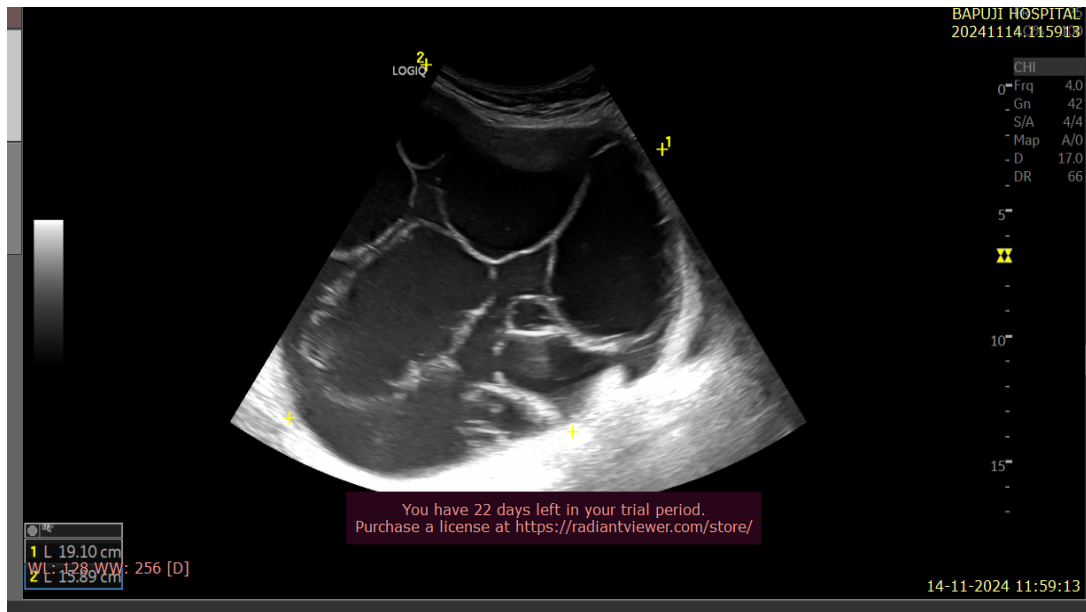
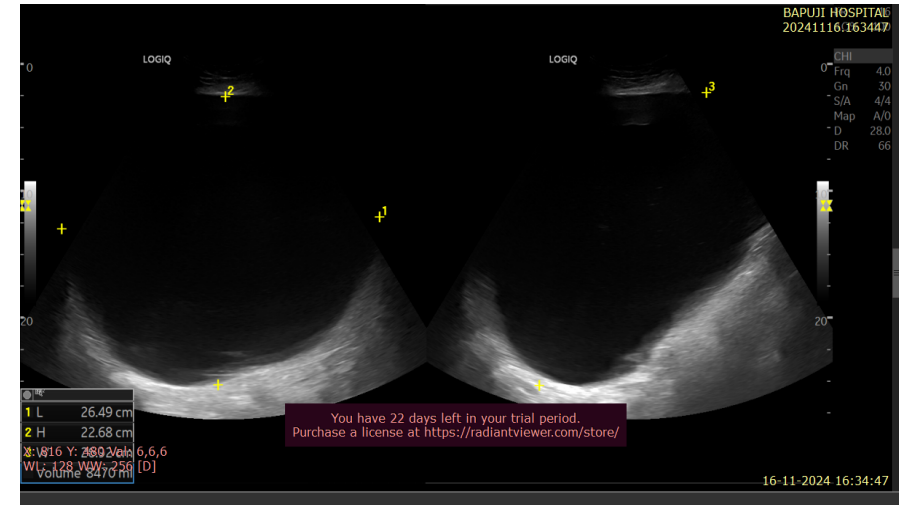
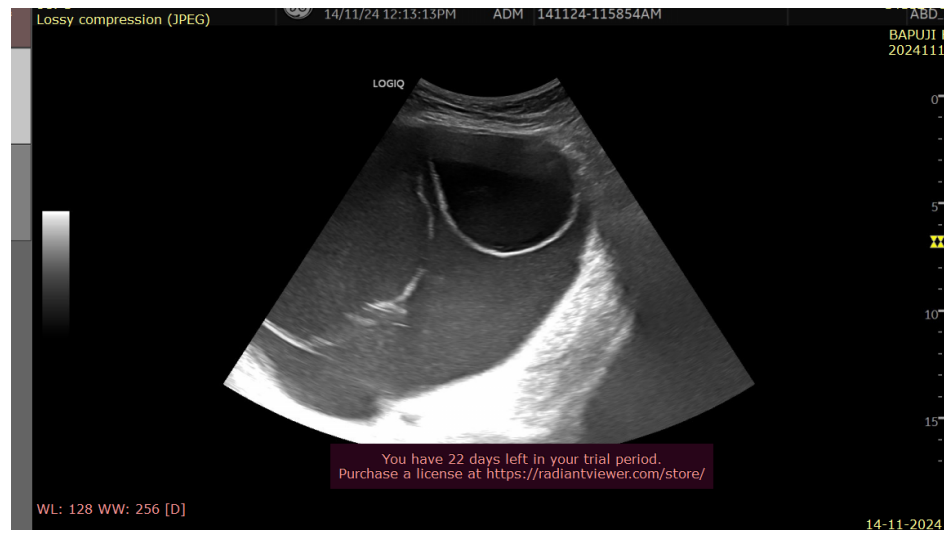
Past history: No similar complaints in the past

Obstetric & menstrual history: P2L2 , Institutional delivery and hysterectomised 12 years back.

O/E: general physical examination-Normal

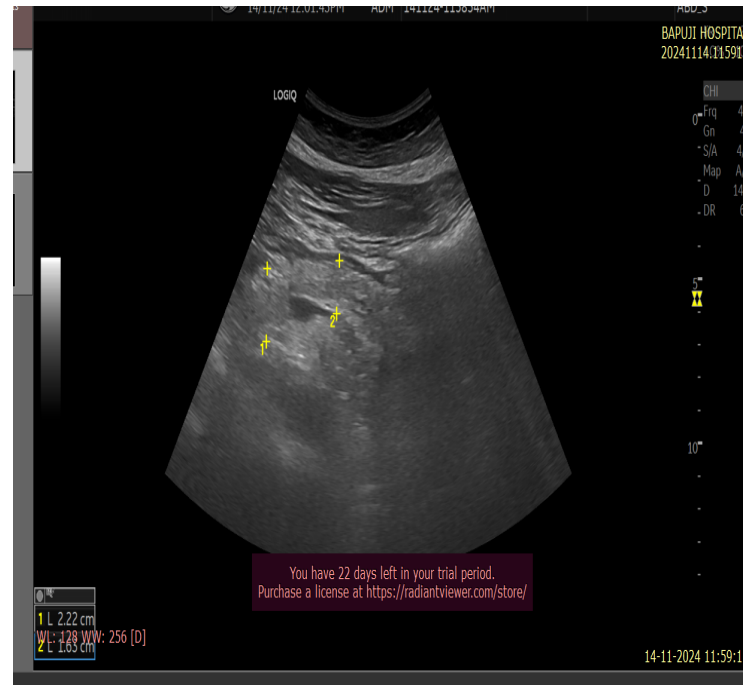
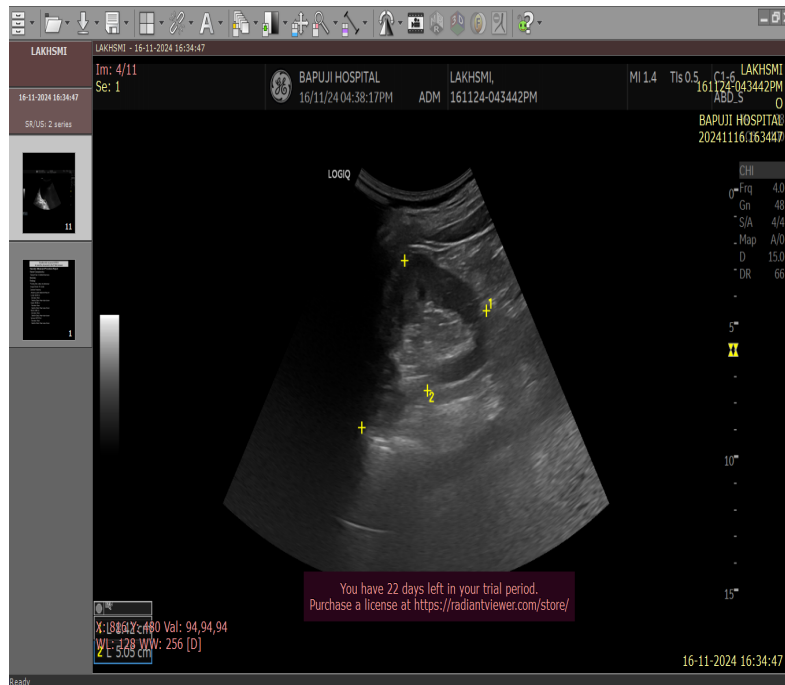
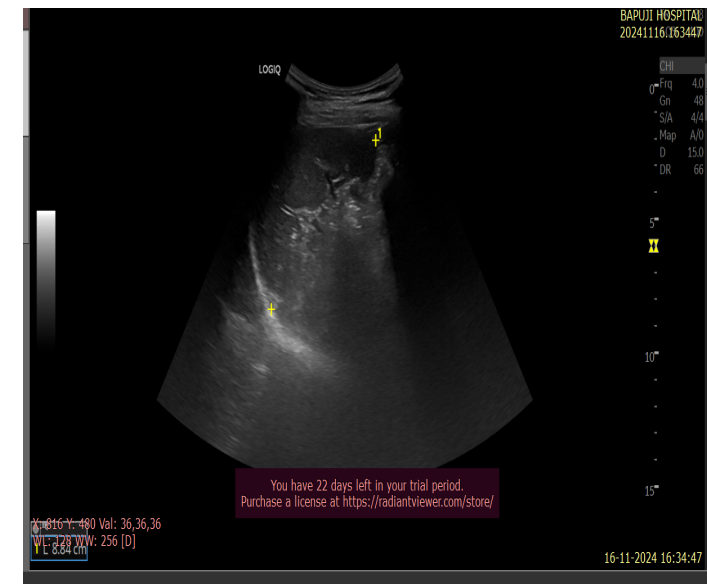
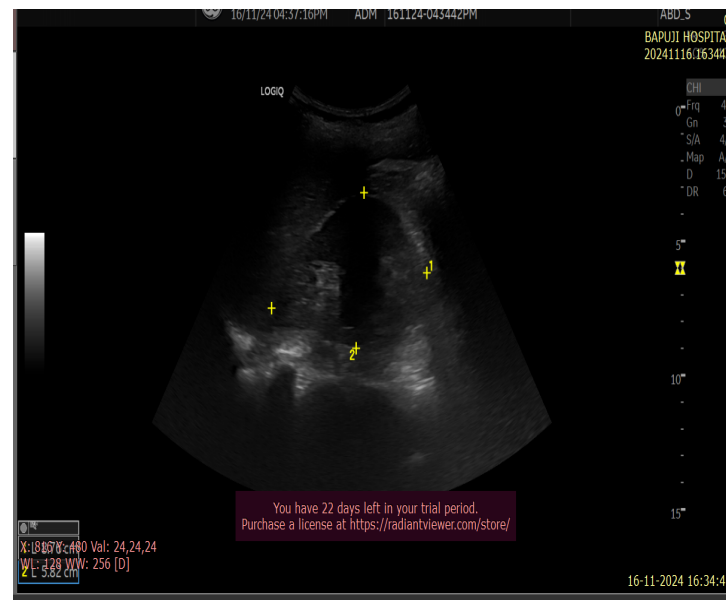
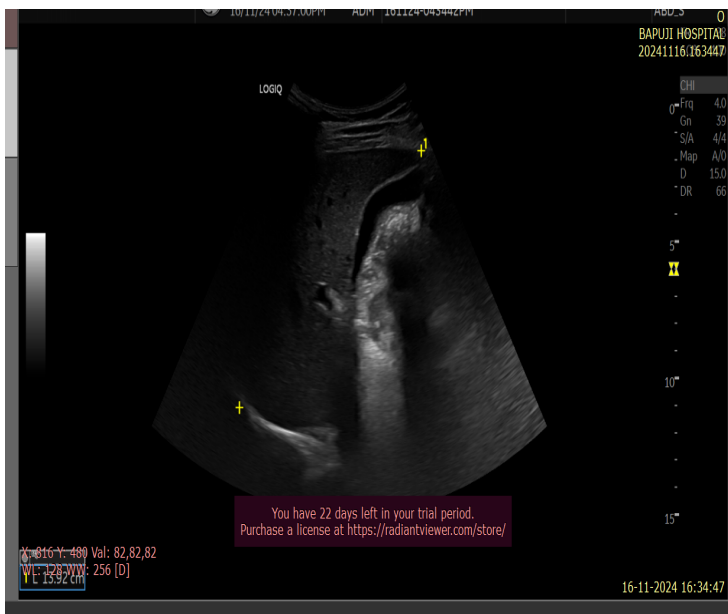
Per abdomen: A solitary mass of about 36 weeks gravid uterus size, firm consistency, non tender, lower border **couldn't** be made out and mobile in horizontal direction. No local rise in temperature,

Rest of the systemic examination was unremarkable.



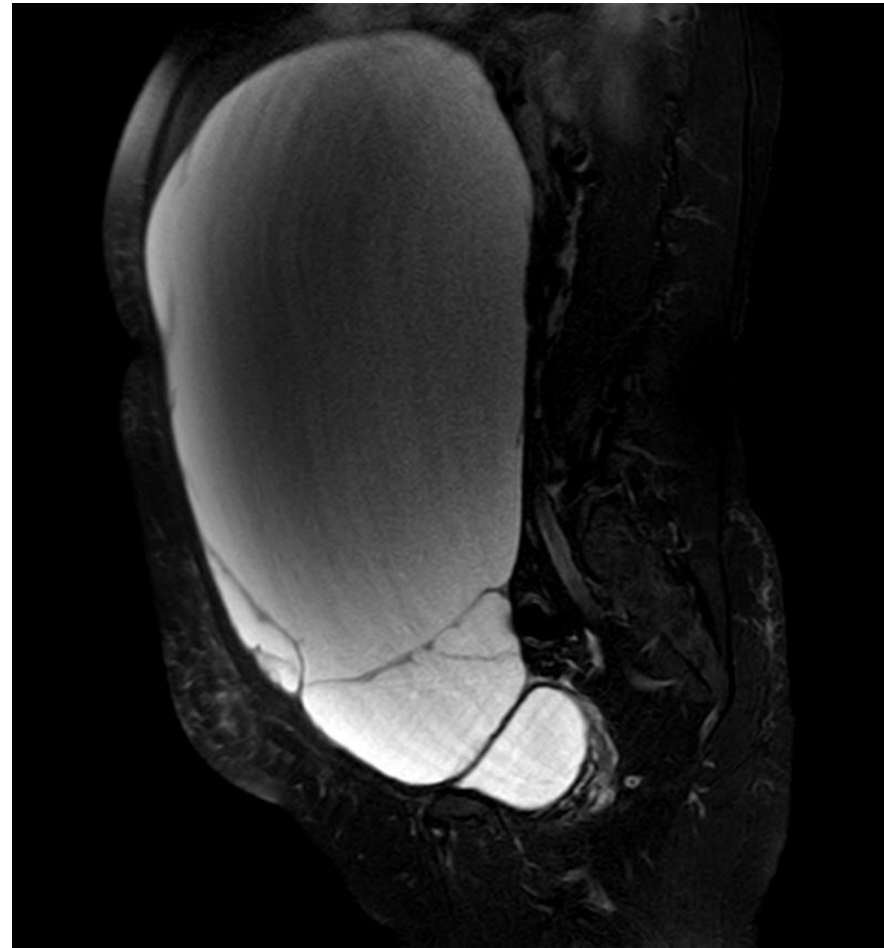
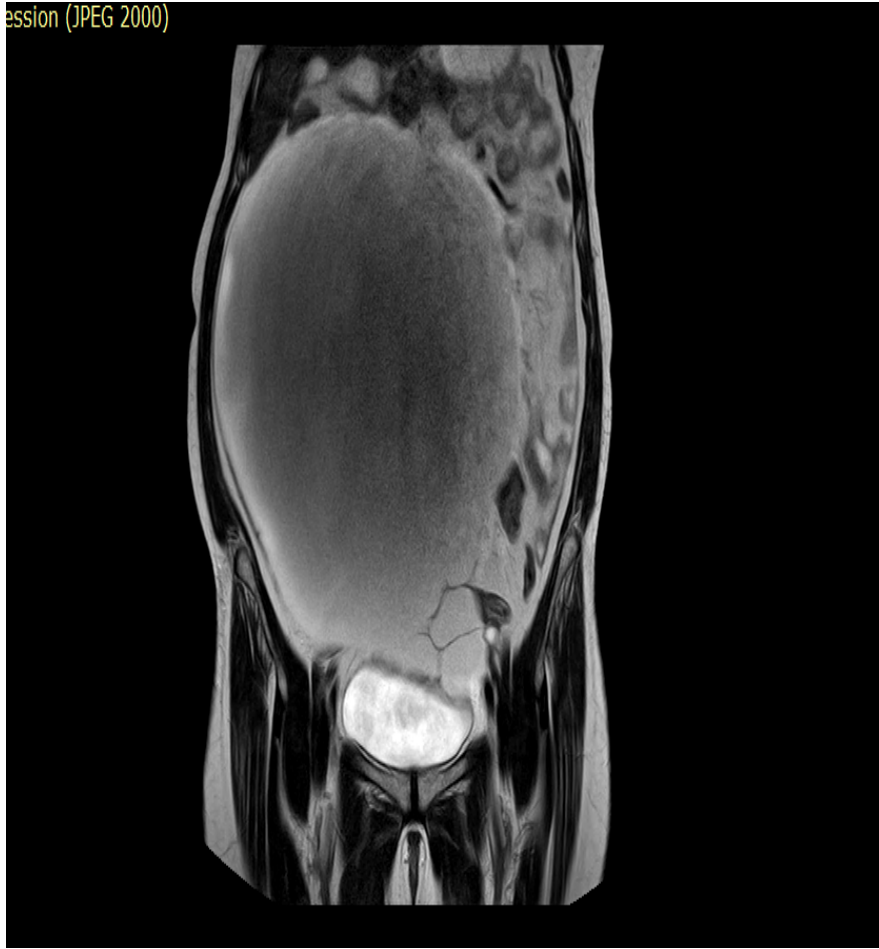
On B mode USG - E/O large well defined midline multi loculated cystic lesion with few locules showing few varying low level internal echoes noted arising from the pelvic cavity extending up to xiphisternum with few papillary projections noted with no vascularity/calcifications

The lesion is seen occupying whole of the abdominal cavity & causing mass effect on the adjacent structures with non visualisation of pancreas and laterally displaced bowel loops



All solid organs appear normal
UTERUS IS HYSTERECTOMISED
 Based on usg findings → large
 well defined midline multi
 loculated cystic lesion with few
 locules showing few low level
 internal echoes noted arising
 from the pelvis with few
 papillary projections extending
 up to xiphisternum with few
 papillary projections noted with
 no vascularity

ession (JPEG 2000)



Sag & coronal T2 section → A large well defined multiloculated cystic lesion with few thin internal septations which is T2 hyperintense with multiple septae

Superiorly- sup end plate of T12 vertebrae

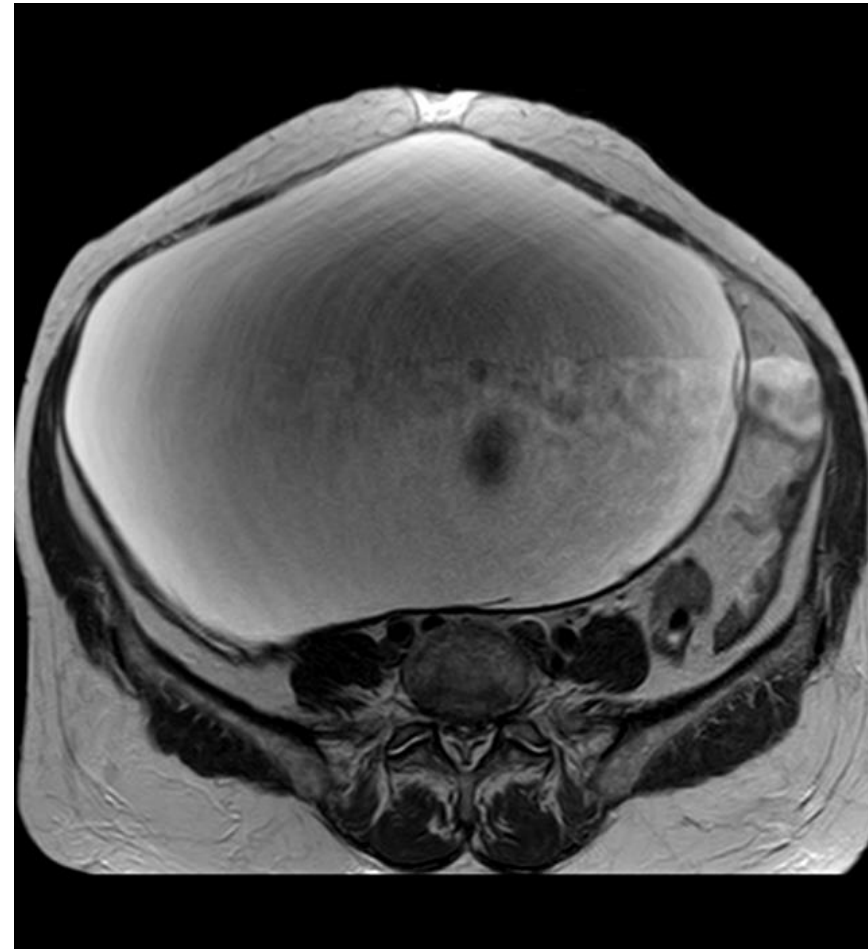
Extensions -

Anteriorly- abutting the ant abdominal wall

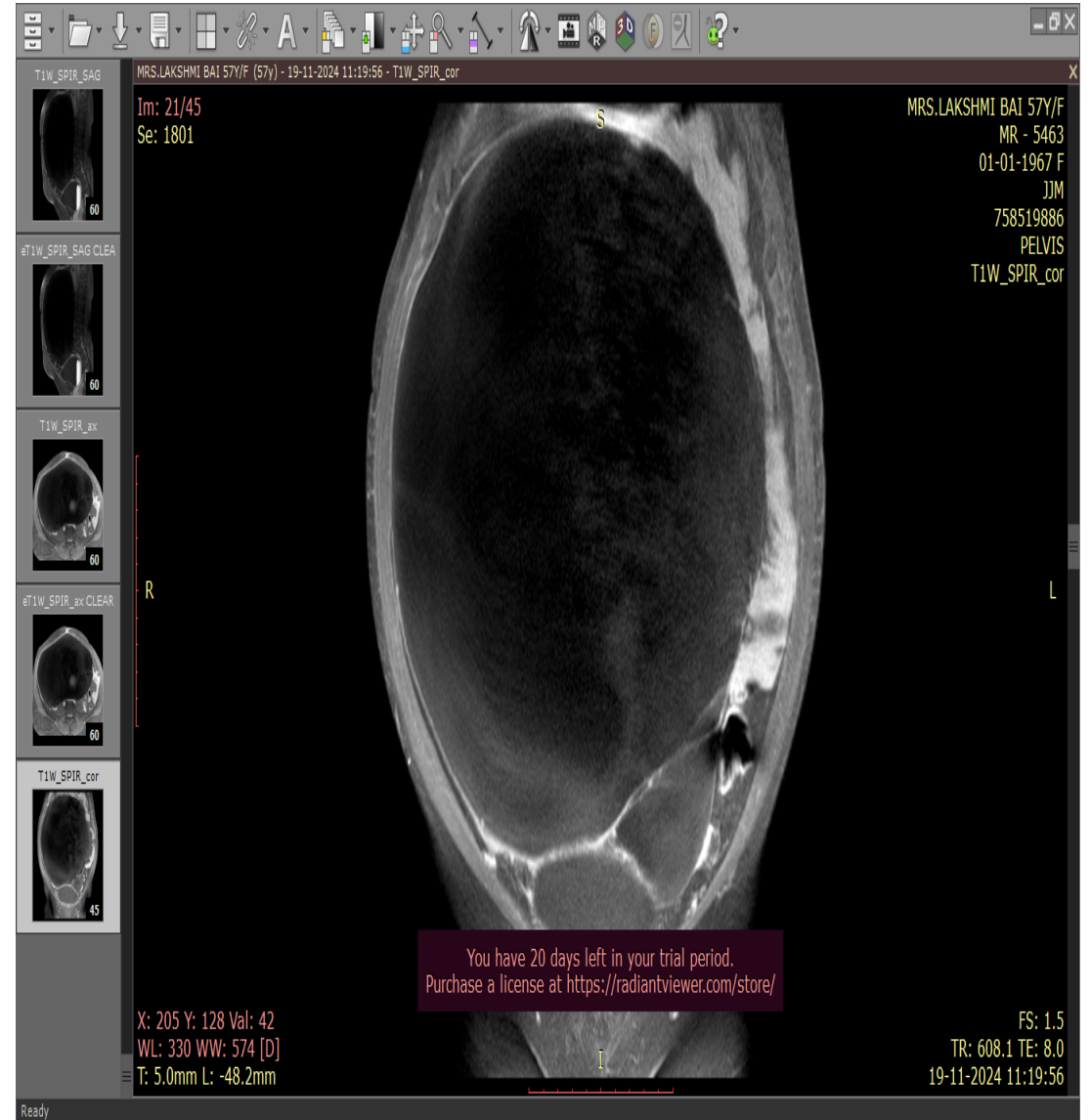
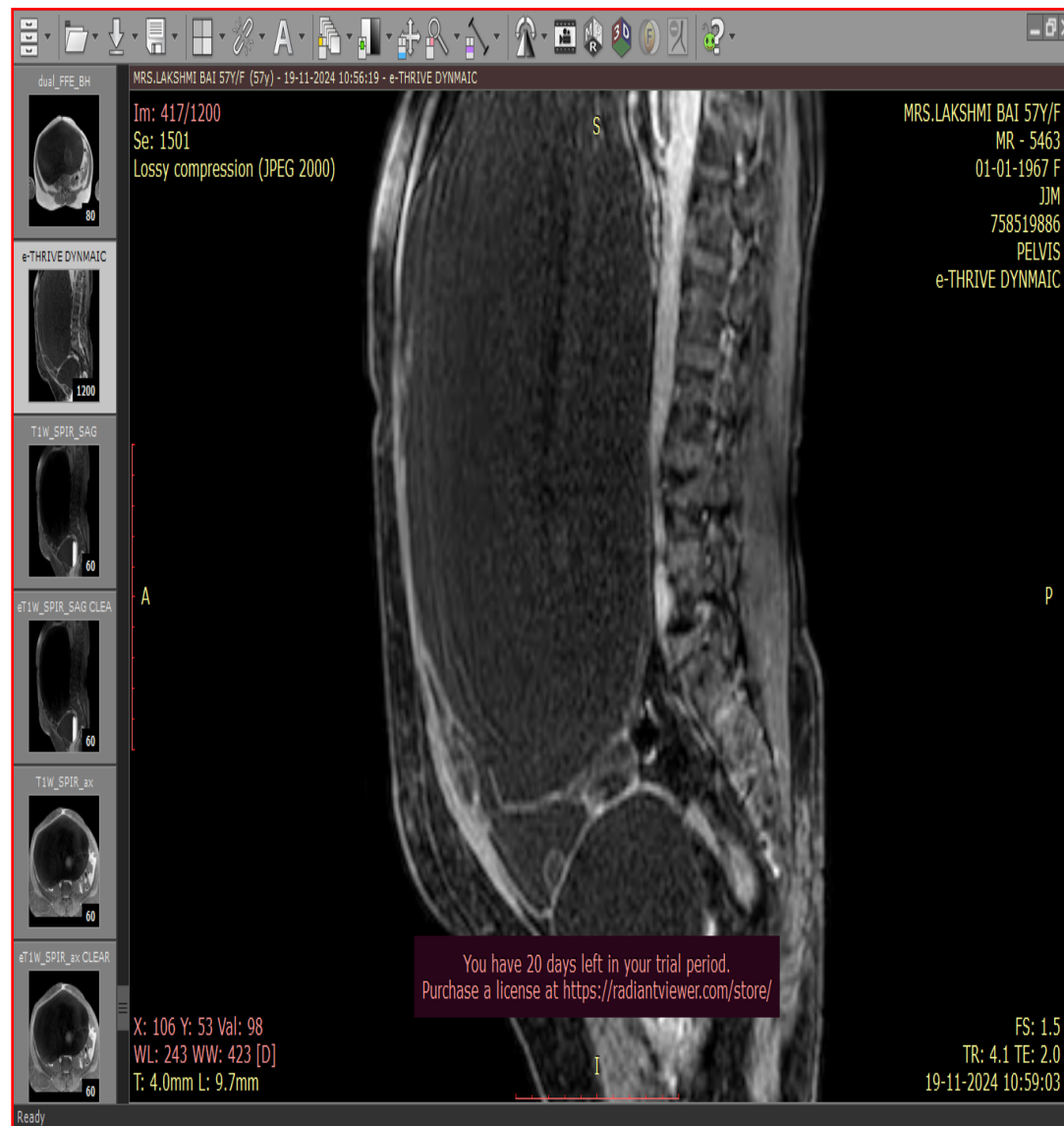
Inferiorly- Extending till superior end plate of S2 vertebrae displacing urinary bladder

Posteriorly- abutting the abdominal aorta

Laterally- displacing the bowel loops



The lesion shows T2 hyper intense lesion with maintained fat planes



ON CONTRAST STUDY→A large well defined peripherally enhancing multiloculated cystic lesion with few thin internal septations which is T1 hypointense with multiple peripherally enhancing septae
Superiorly- sup end plate of T12 vertebrae
Anteriorly- abutting t



A large well defined peripherally enhancing multiloculated cystic lesion with few thin internal septations which is T2 hyperintense with multiple peripherally enhancing septae

Superiorly- sup end plate of T12 vertebrae

Anteriorly- abutting the ant abdominal wall

Inferiorly- Extending till superior end plate of S2 vertebrae displacing urinary bladder

Posteriorly- abutting the abdominal aorta

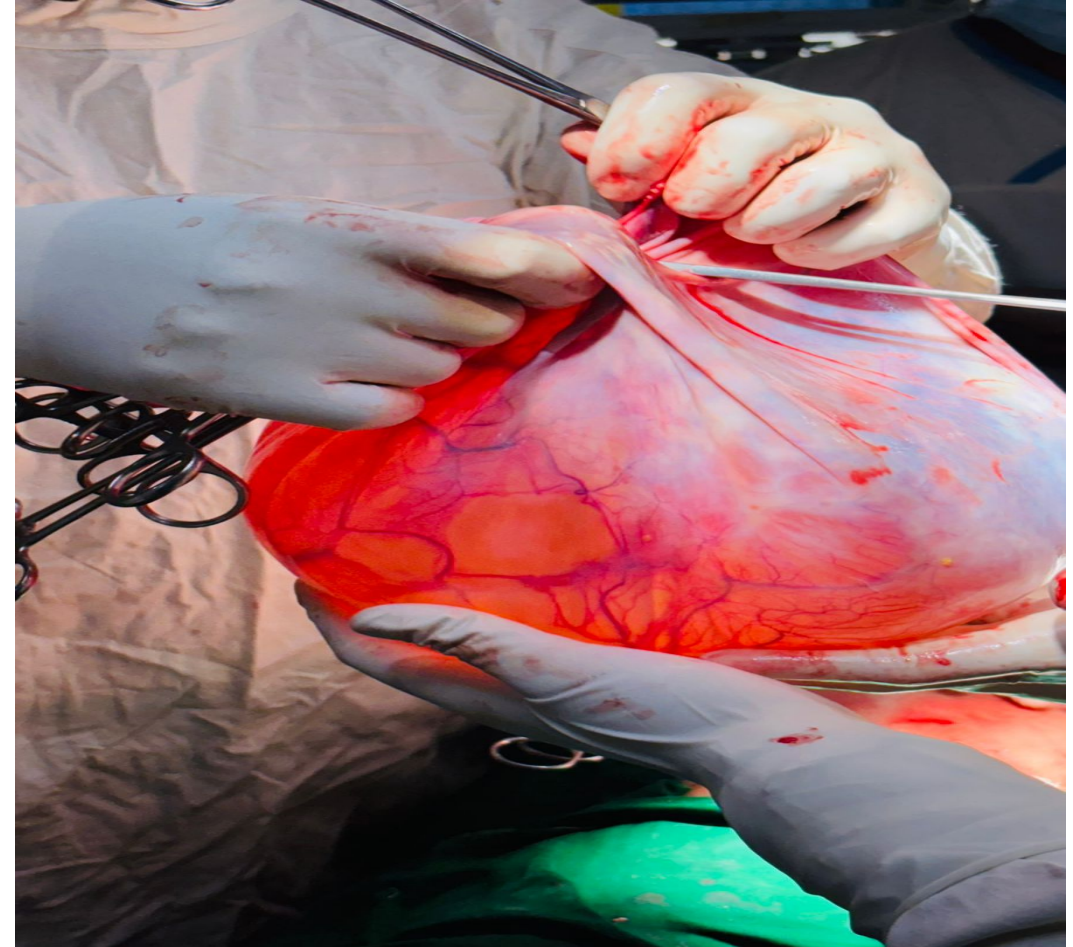
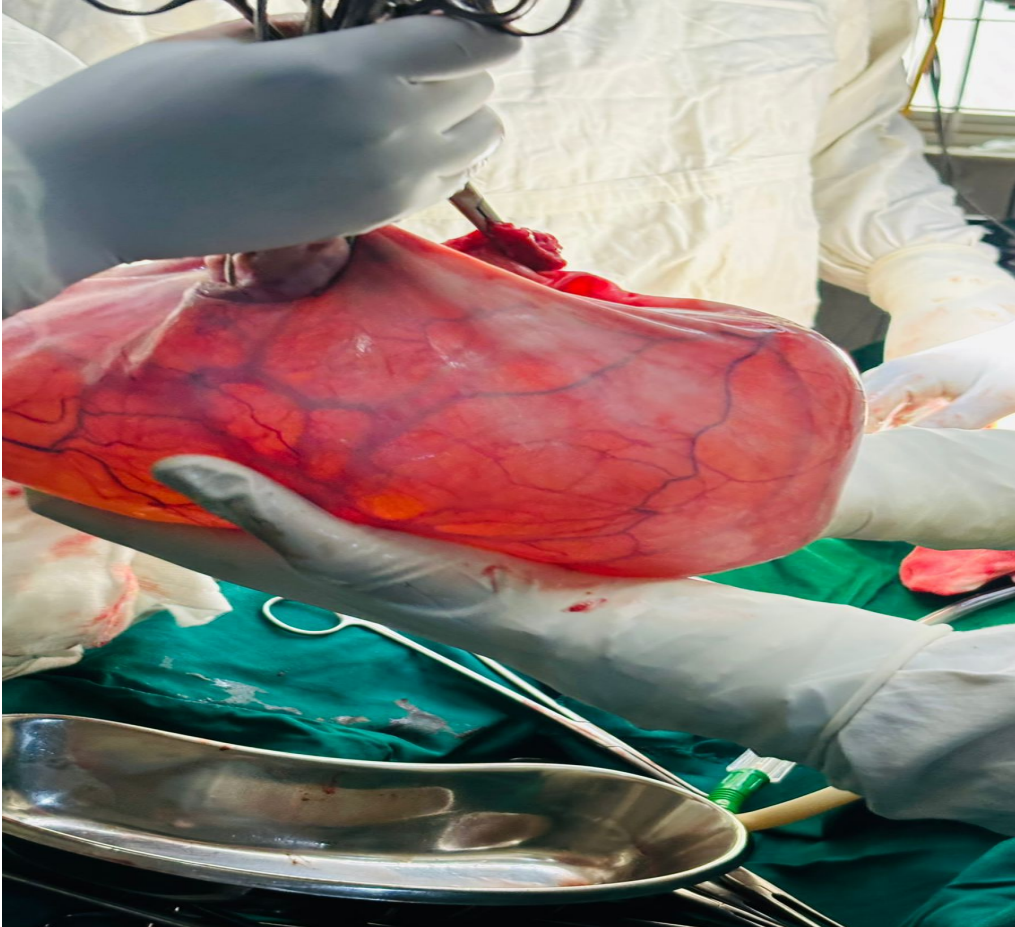
Laterally- displacing the bowel loops

IMPRESSION

- large well defined midline multi loculated cystic lesion with few locules showing few low level internal echoes noted arising from the pelvis extending up to xiphisternum
- And on MRI- peripherally enhancing multiloculated cystic lesion with few thin internal septations which is T2 hyperintense and multiple peripherally enhancing septae, and few locules showing varied signal intensity giving stained glass appearance with enhancing walls

→MUCINOUS CYSTADENOMA

INTRAOPERATIVE IMAGES OF THE LESION



UNDERWENT LAPAROTOMY → AND EXCISION OF LESION

FOLLOW UP

Name	LAKSHMI BAI	Age/Sex	57Y/F	Patient Type	ACADEMIC	Referred By	DR RAVI GOWDA
HISTOPATHOLOGY							
Grossing	Received a cut opened cystic structure (ovary) measuring 24x18 cm. External surface- grey white to grey brown. Cut surface- multiloculated areas noted. Also received one detached fallopian tube measuring 4x2 cm. External surface- grey white. Cut surface- lumen unremarkable. Mucous fluid drained.						
Microscopic Name <input type="text" value="--: Select Microscopic Contents :--"/>							
Microscopic	Sections (A,B,C) show cyst wall lined by tall columnar cells with basally located nucleus with cytoplasmic vacuoles, overlaid by fibrocollagenous stroma. No evidence of nuclear stratification/atypia. Section D- adjacent ovarian parenchyma unremarkable						
Impression <div><div>B I U S A A I</div><div>Styles</div><div>Size</div><div>Font Size</div></div>							
Impression	Mucinous Cyst Adenoma- -bilateral ovaries.						
Diagnosis Name <input type="text" value="--: Select Diagnosis Contents :--"/>							
jjm Medical College							
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THANK YOU