KREP

2025

KARNATAKA RADIOLOGY EDUCATION PROGRAM

CASE PRESENTATION

MODERATOR: DR JEEVIKA M U

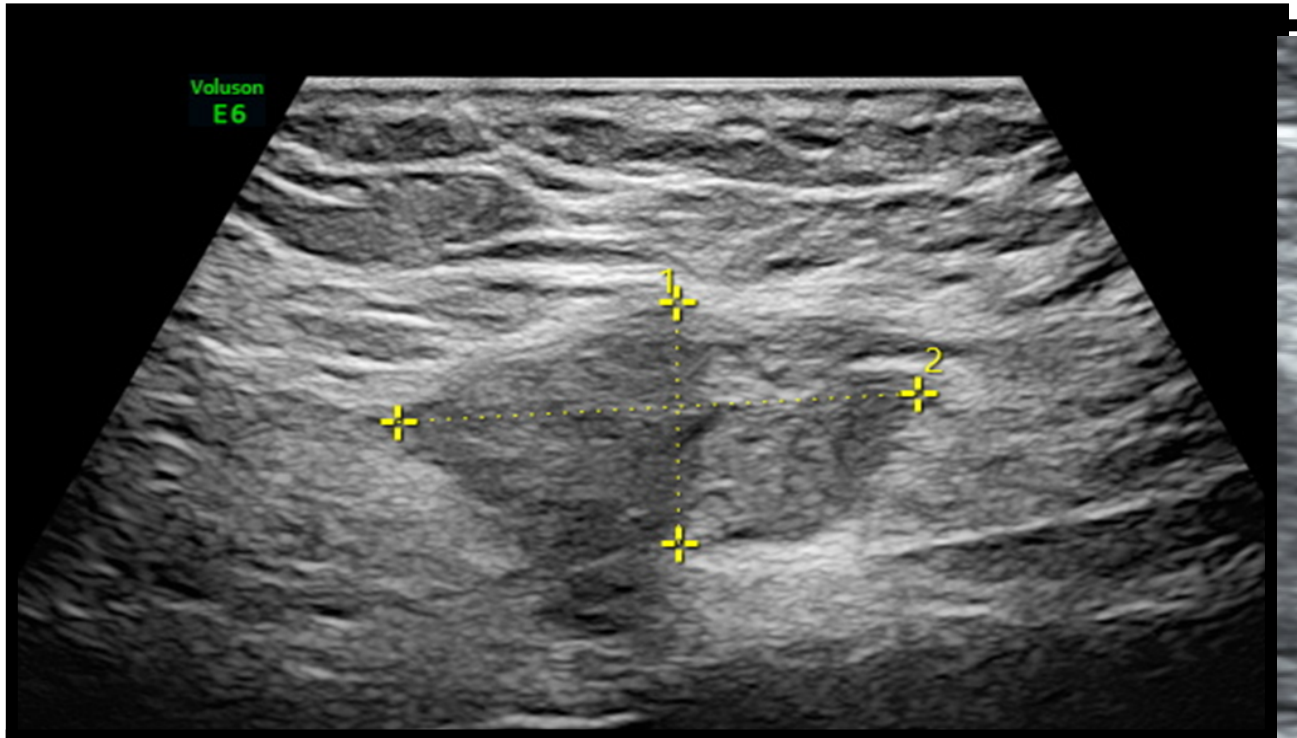
PROFESSOR & HOD DEPT OF RADIDIAGNOSIS

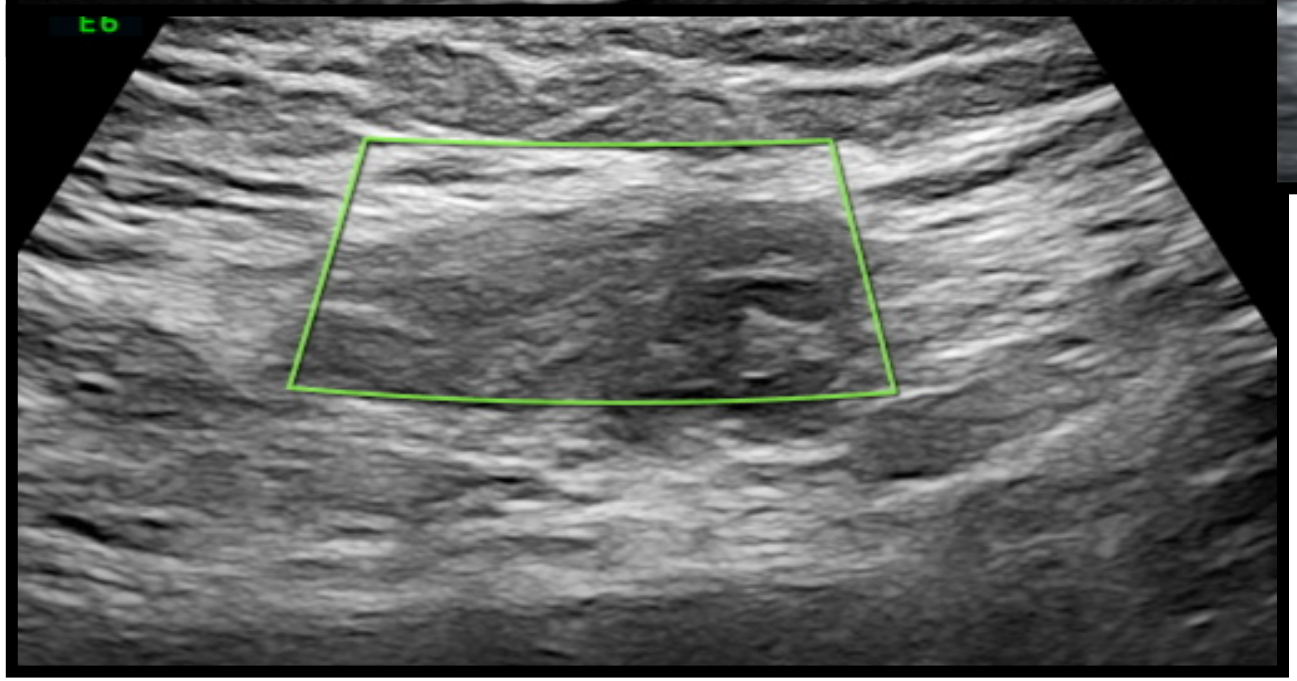
JJMMC, DAVANGERE

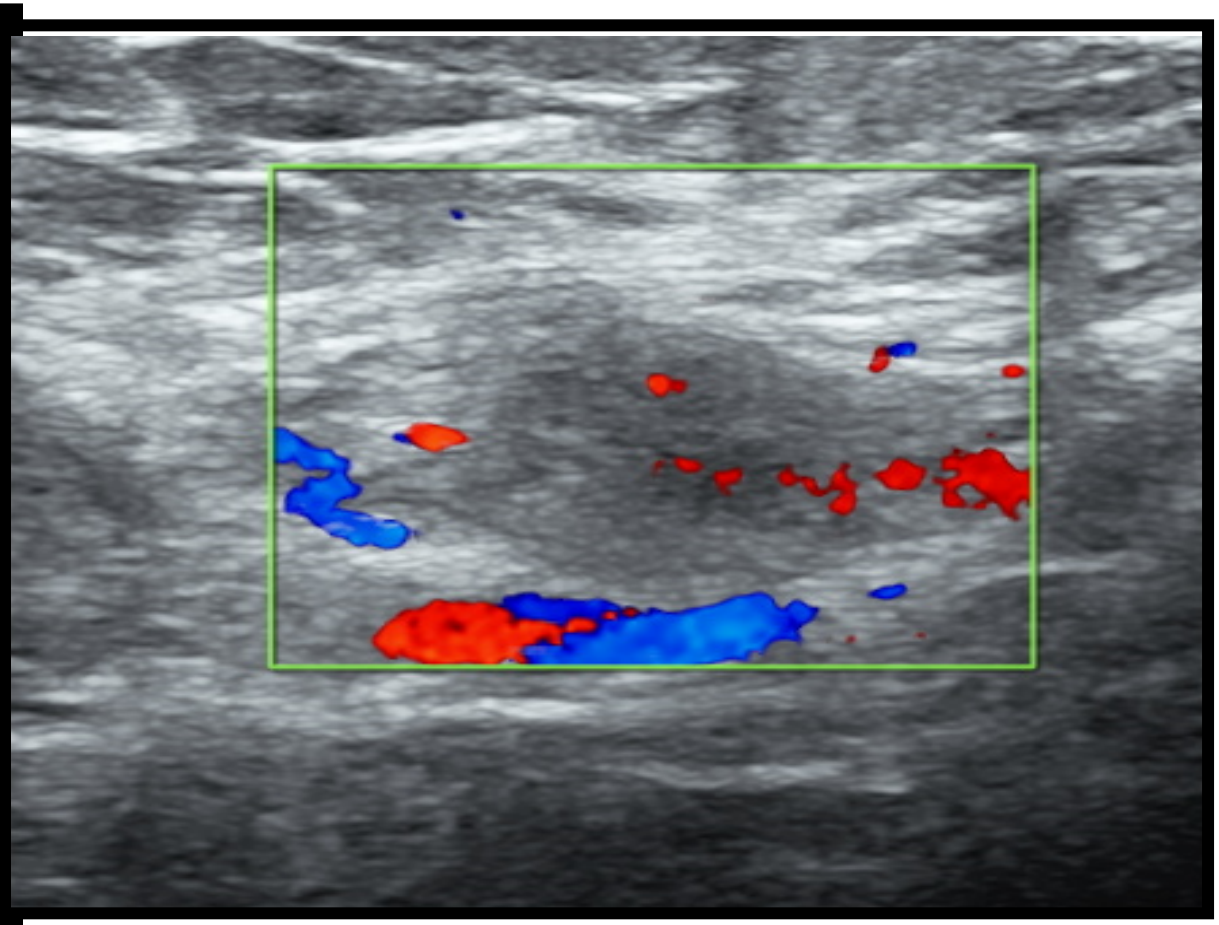
PRESENTOR: Dr Manjunath, PG resident

HISTORY

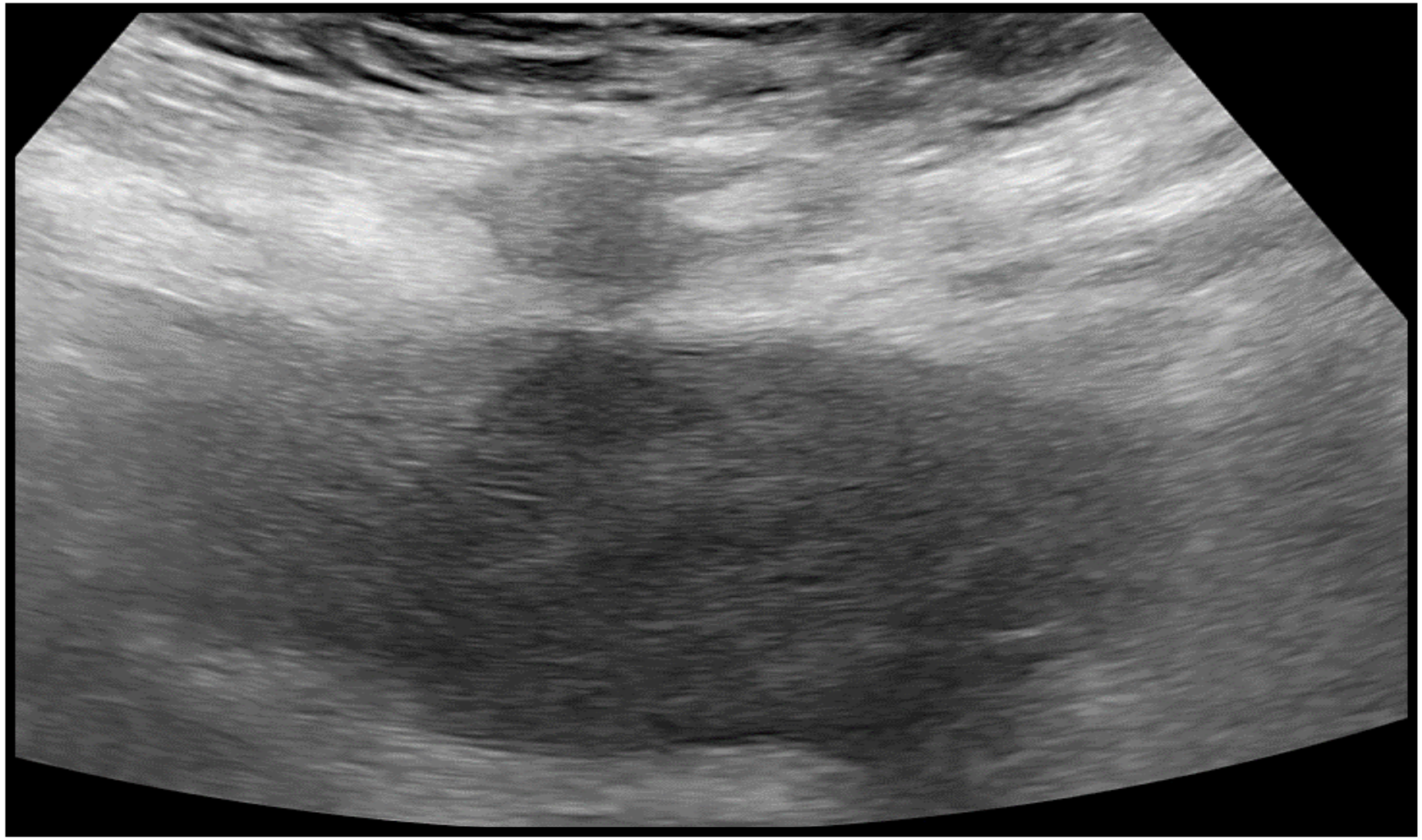
- **Patient Profile:**28-year-old female
- **Chief Complaints:**
- Intermittent abdominal pain for the past 2.5 years
- Pain increases during menstrual cycles
- Not associated with fever, vomiting, or altered bowel habits
- **Past Medical History:**
- No known comorbidities
- **Obstetric History:**(P2L2A0)
- History of cesarean section 4 years ago



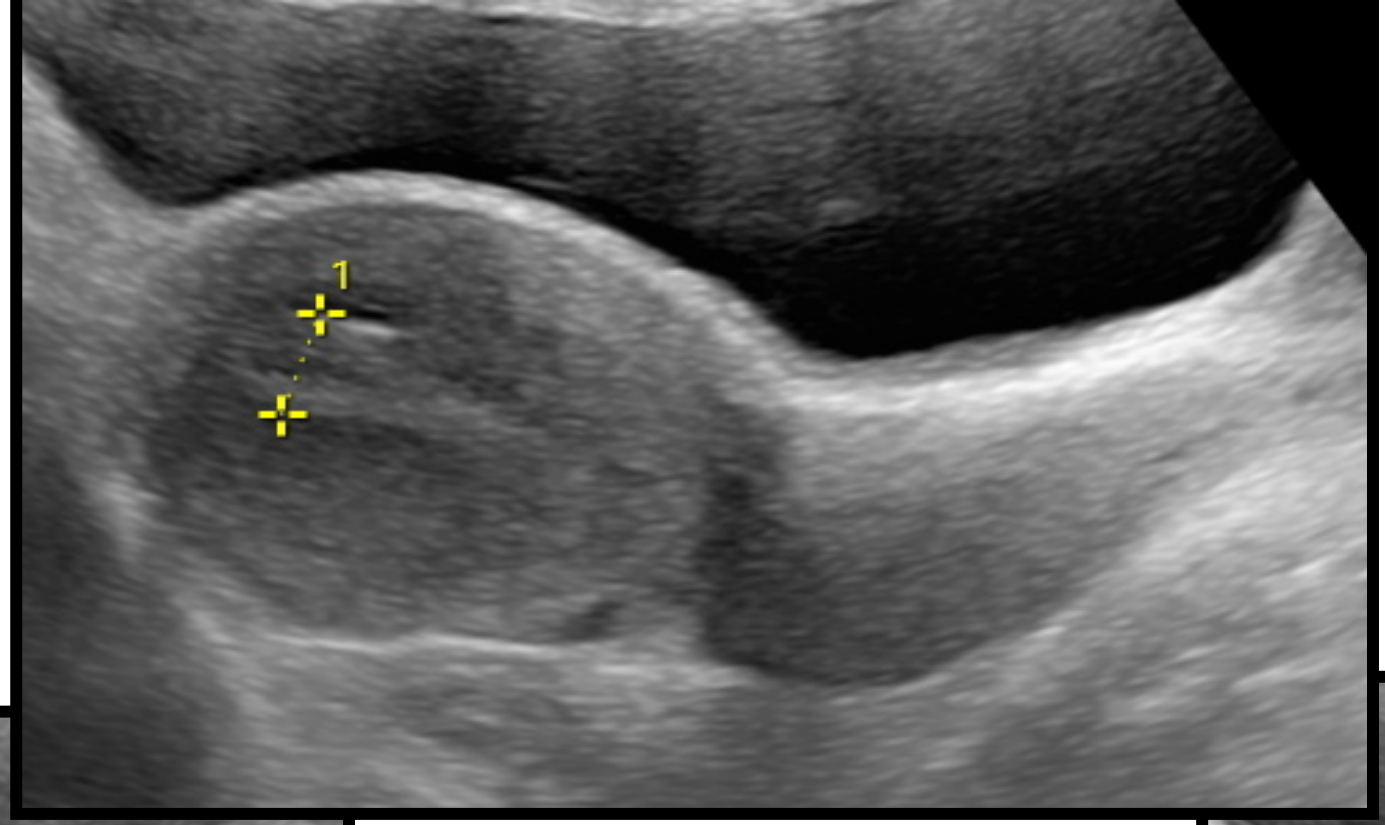


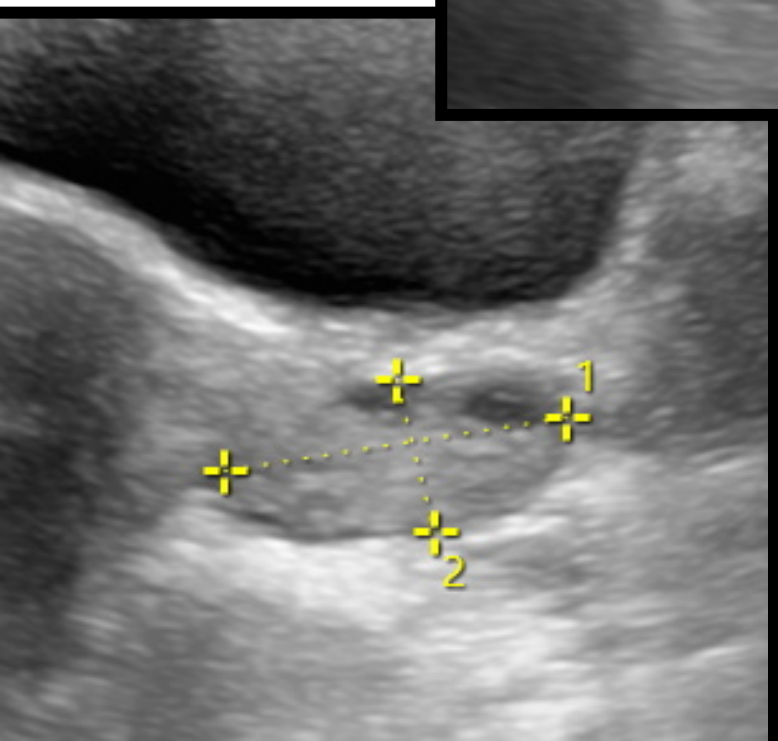


Evidence of fairly well defined round-oval hypoechoic nodular lesions (3) noted deep to subcutaneous plane at the C section scar site in lower abdominal wall, showing minimal colour uptake on Doppler study, largest measuring 2.6 x 1.5 cm. No e/o cystic areas/ calcifications noted.

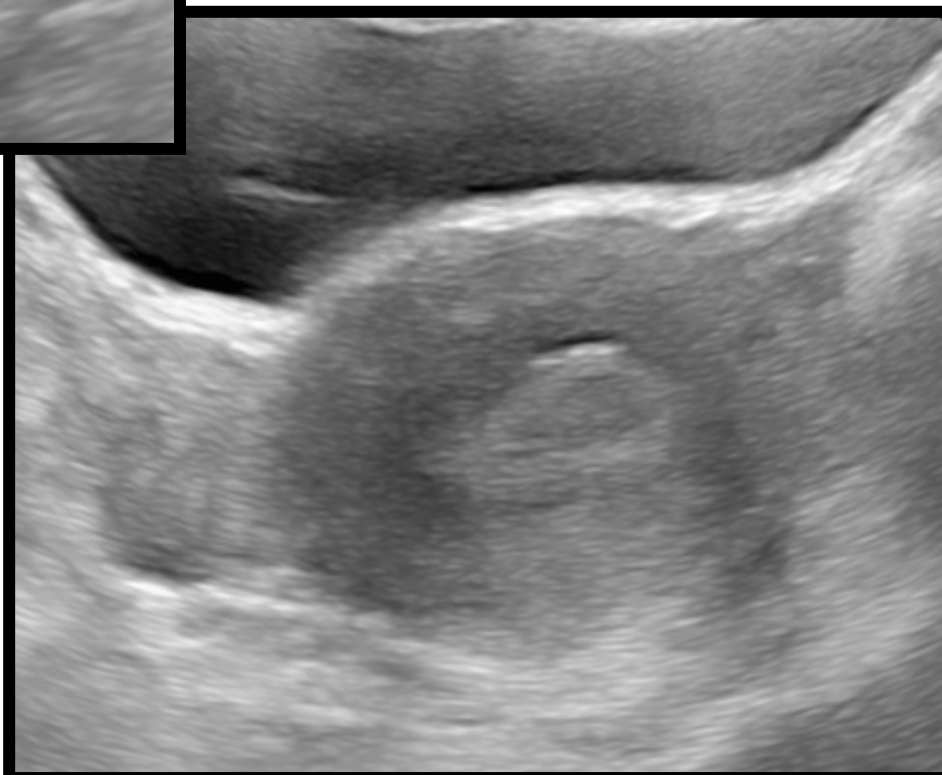


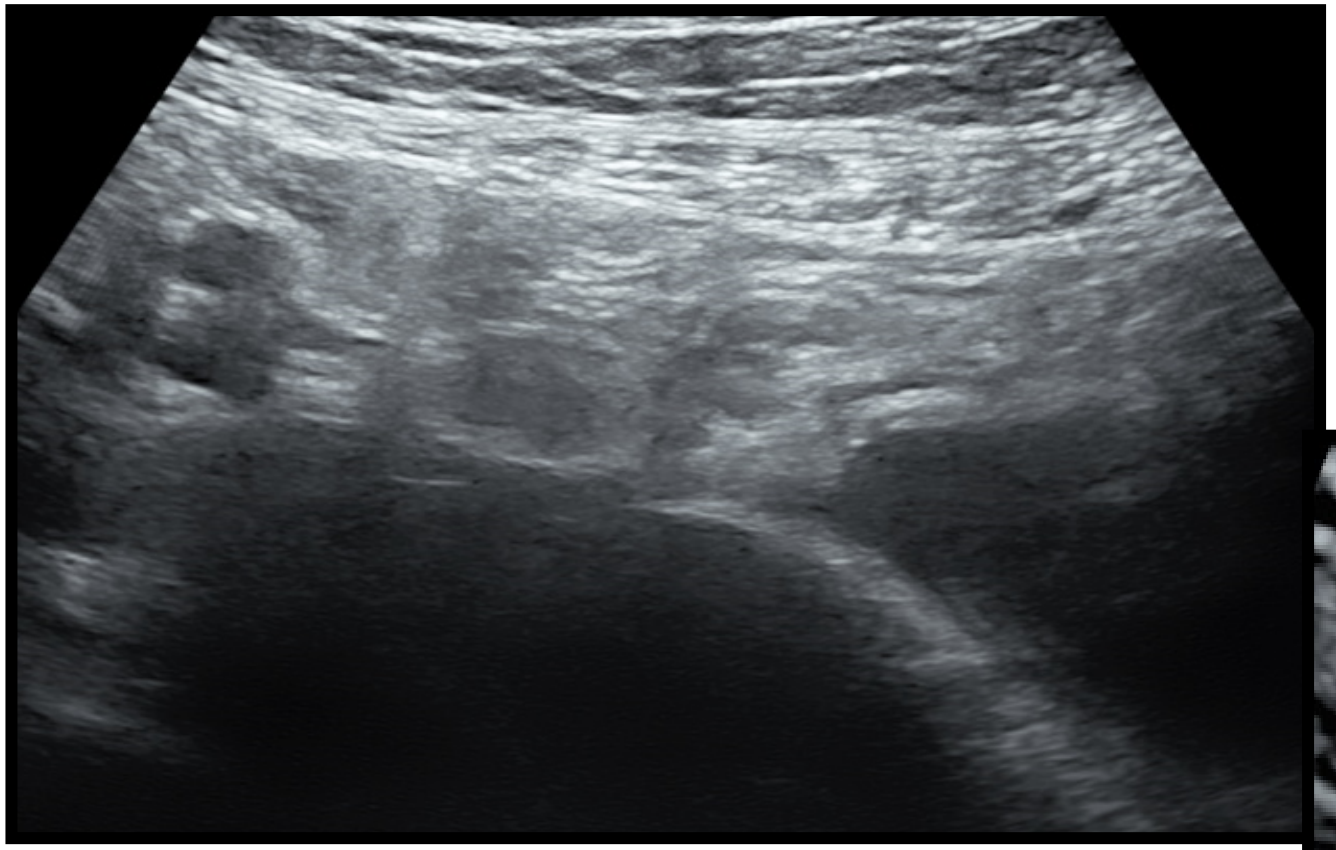
The lesions were anterior to the anterior uterine wall, no obvious communication/ continuity could be seen

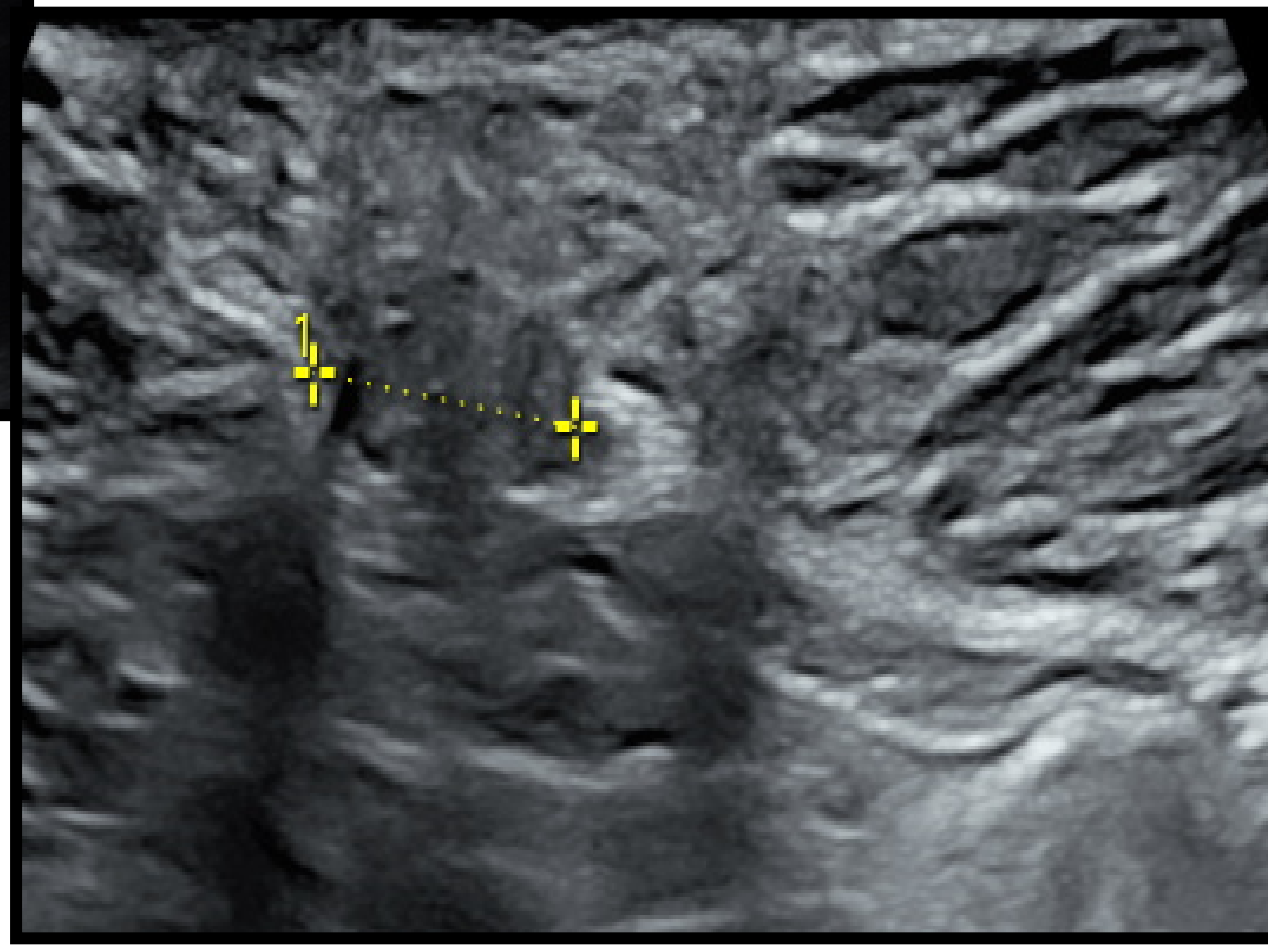




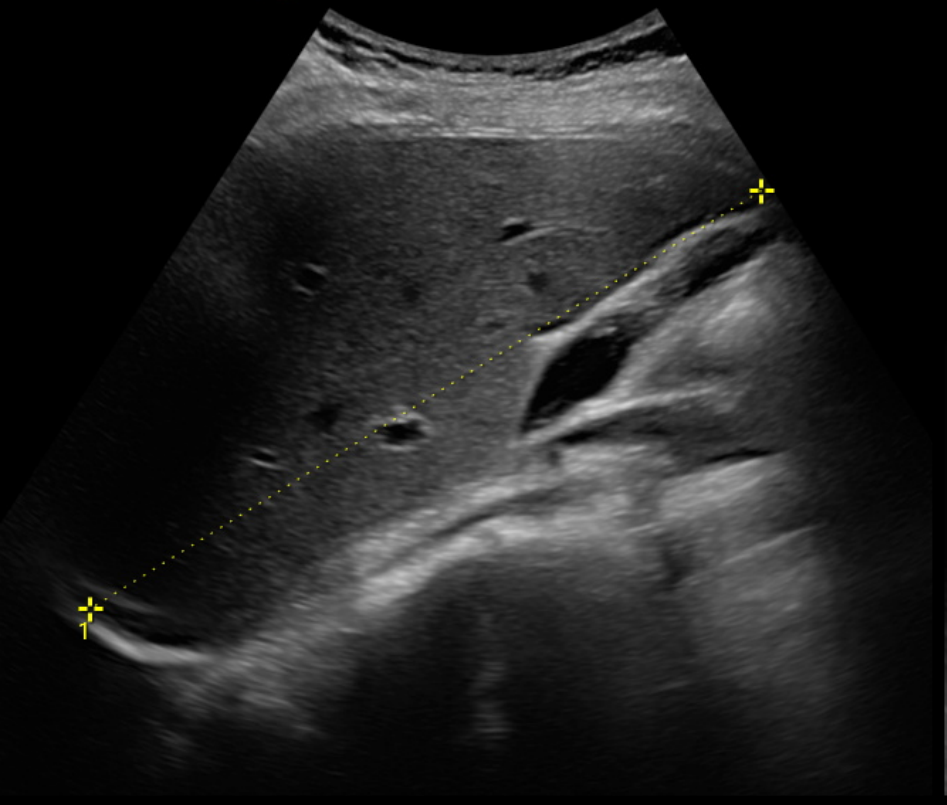
Bilateral ovaries appeared normal. Uterus appears normal in size shape and echopattern, ET: normal. No POD free fluid, No e/o obvious bladder involvement.

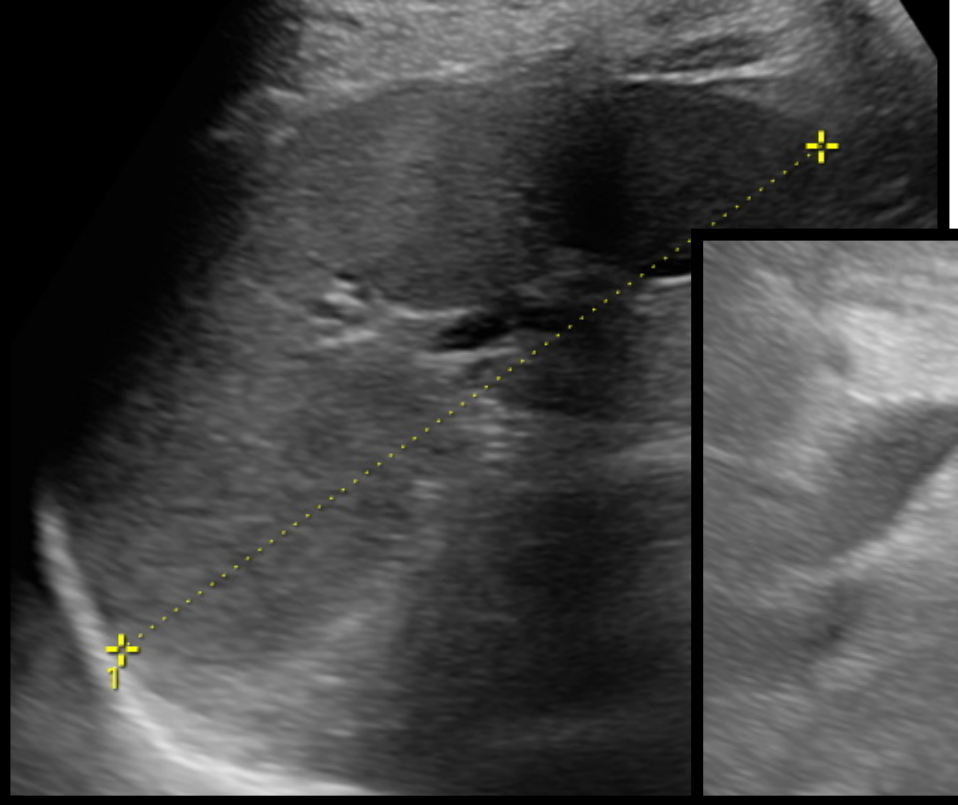


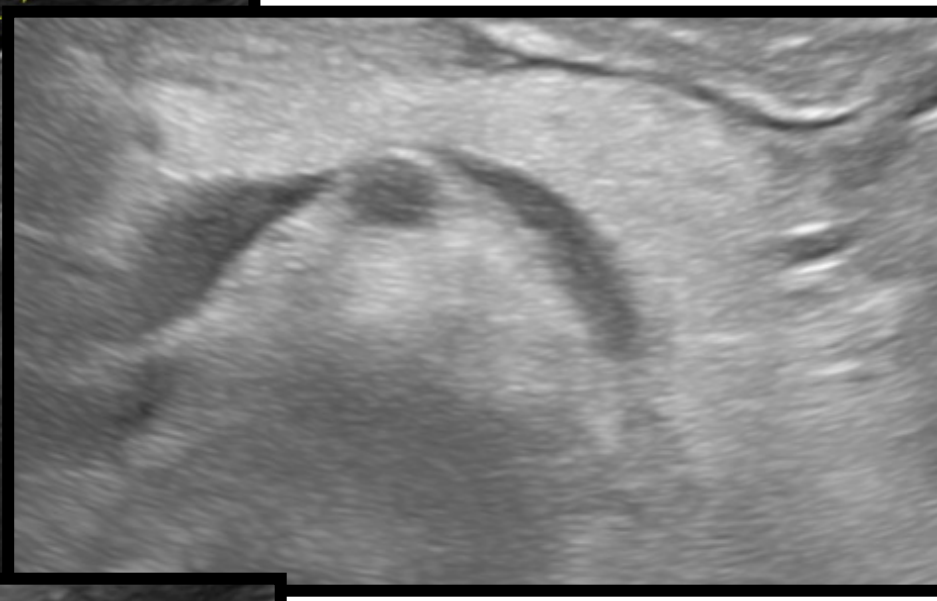


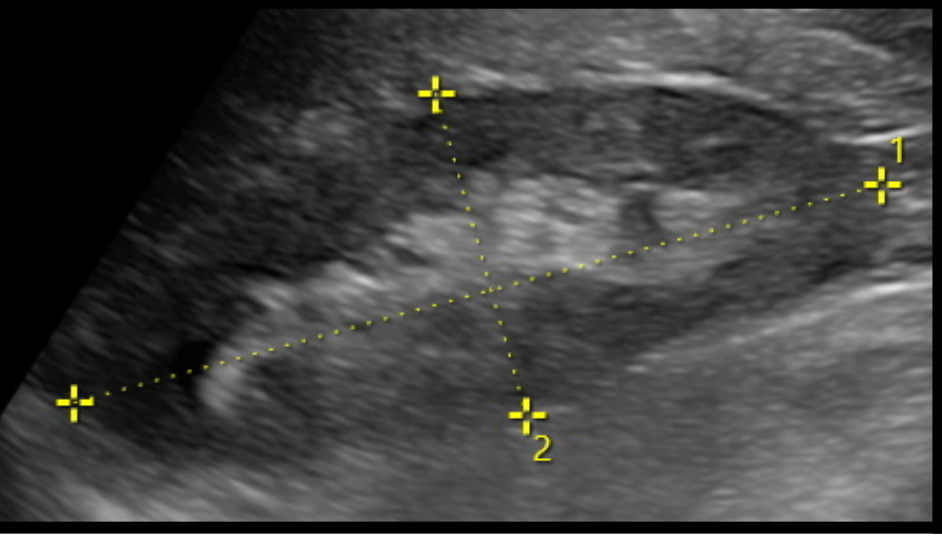


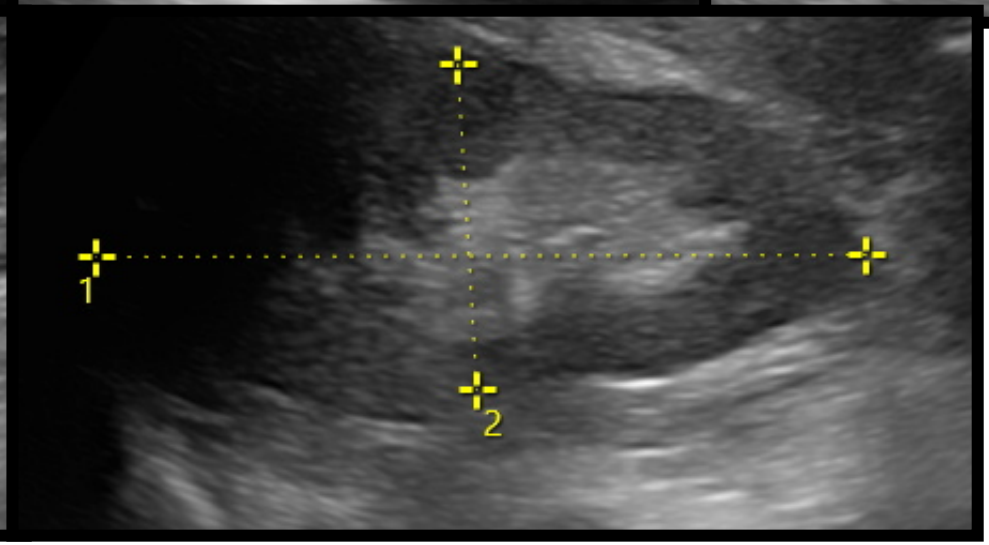
Adjacent bowel loops appeared normal, no obvious adhesions appreciated.
Rest of the anterior abdominal wall appears normal, a defect noted at umbilical region measuring 2.8 cm with omentum as its content- Umbilical hernia.



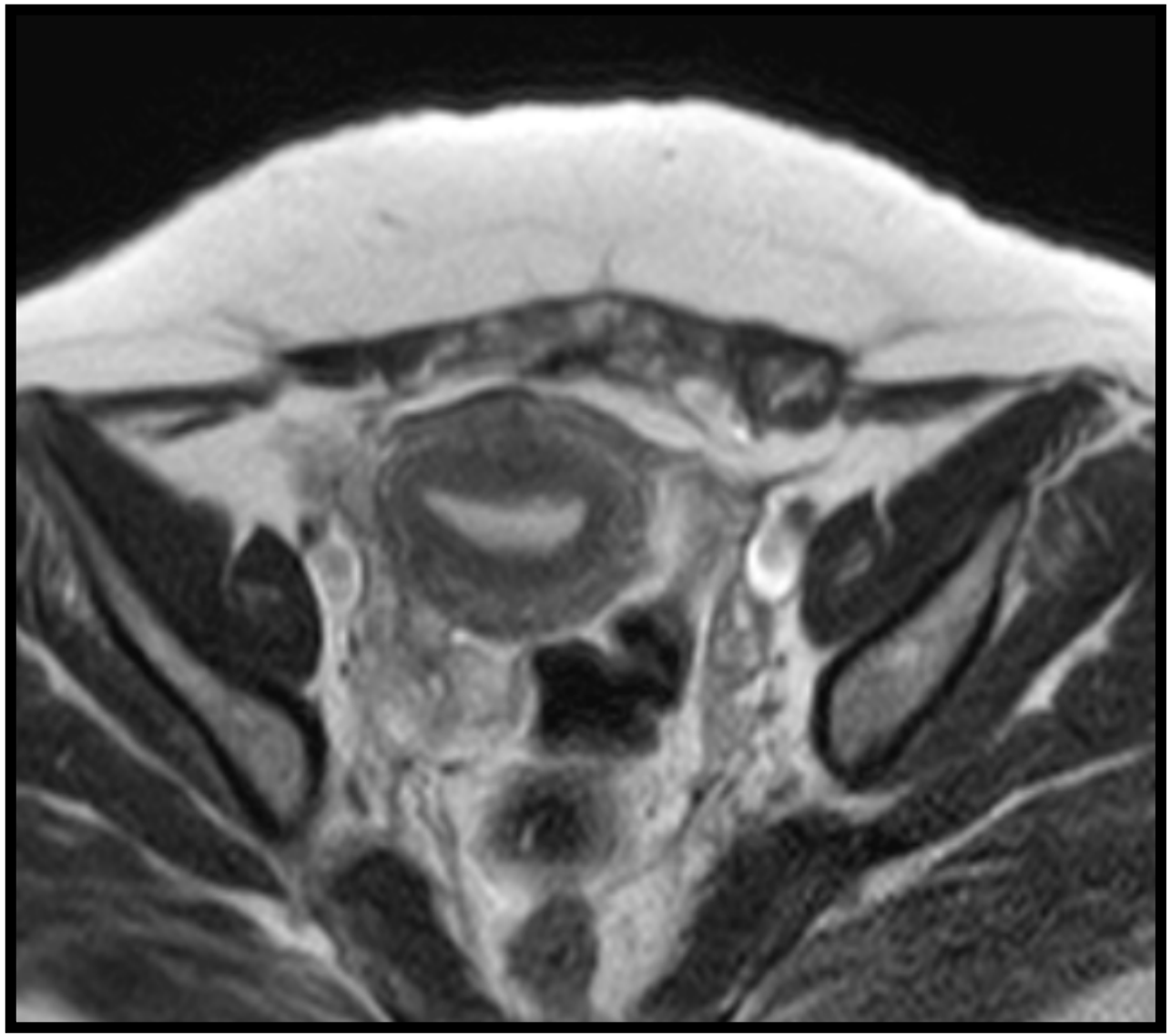


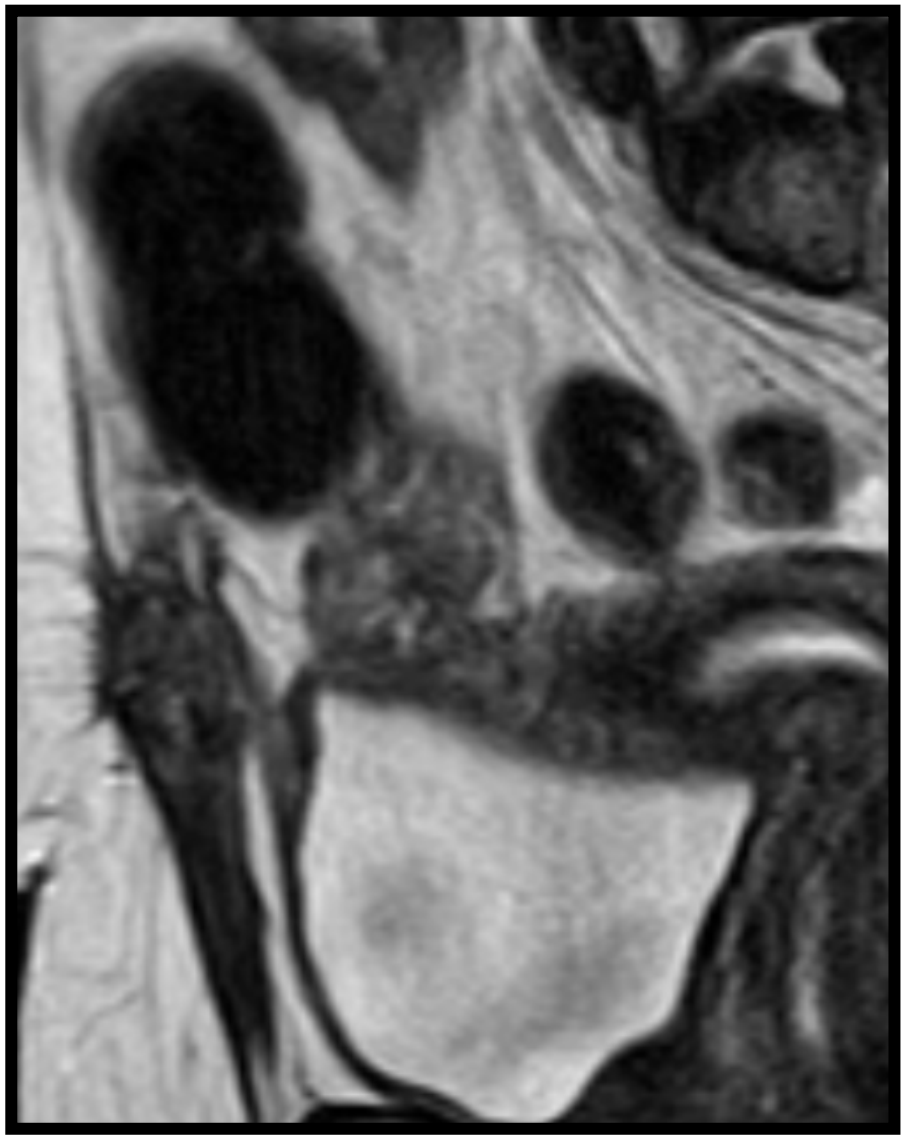




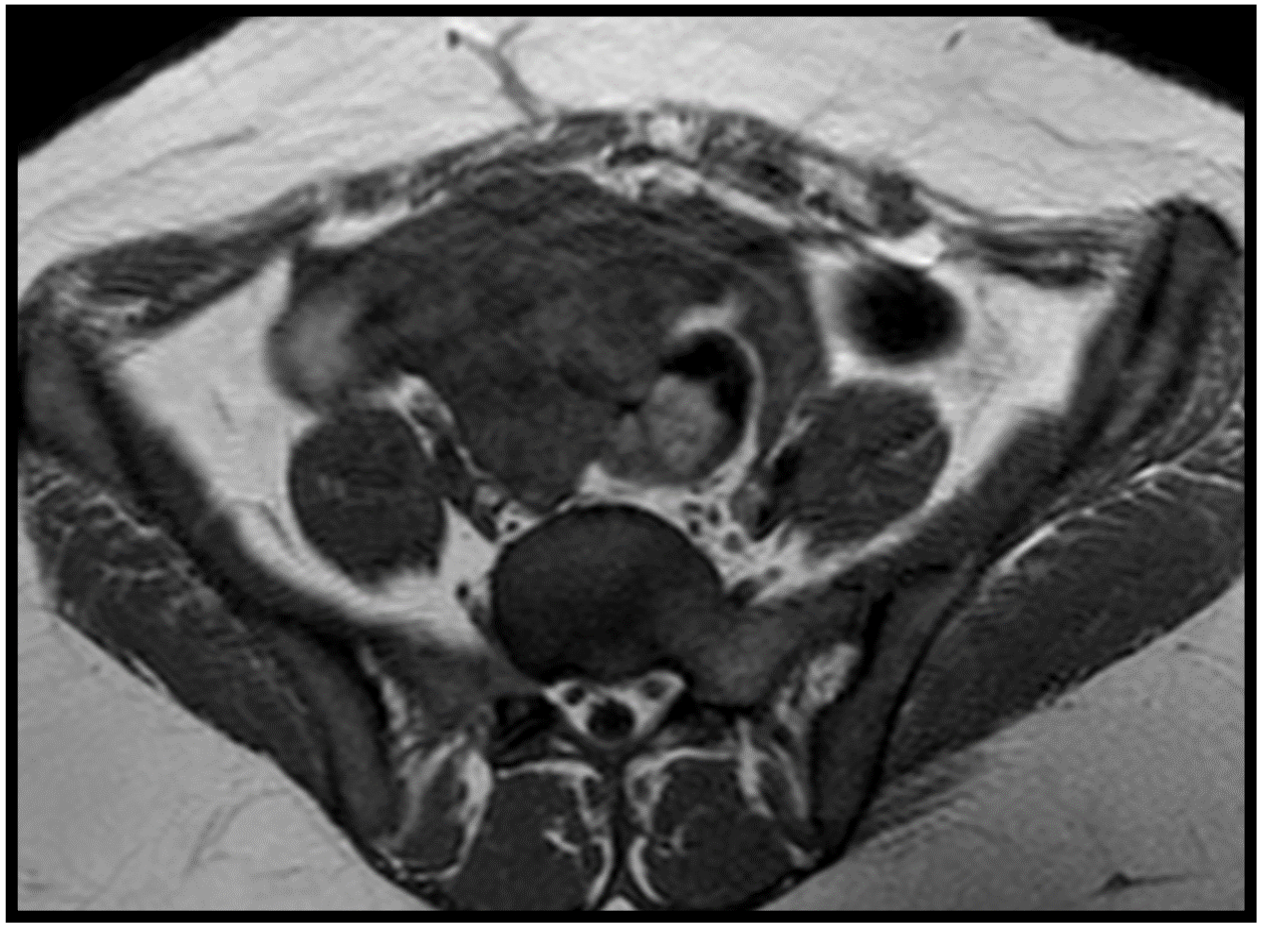


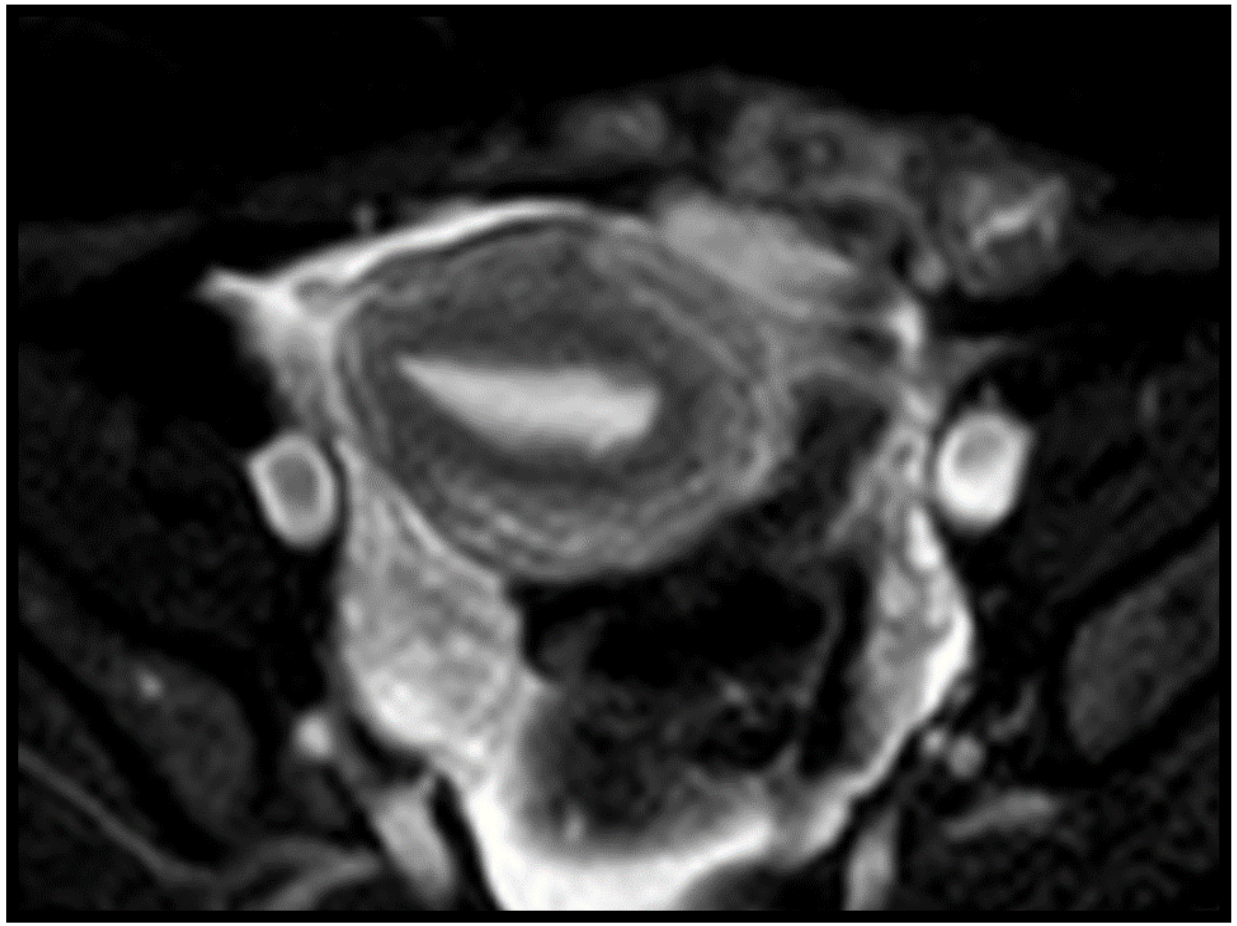
Rest of the organs appear normal.



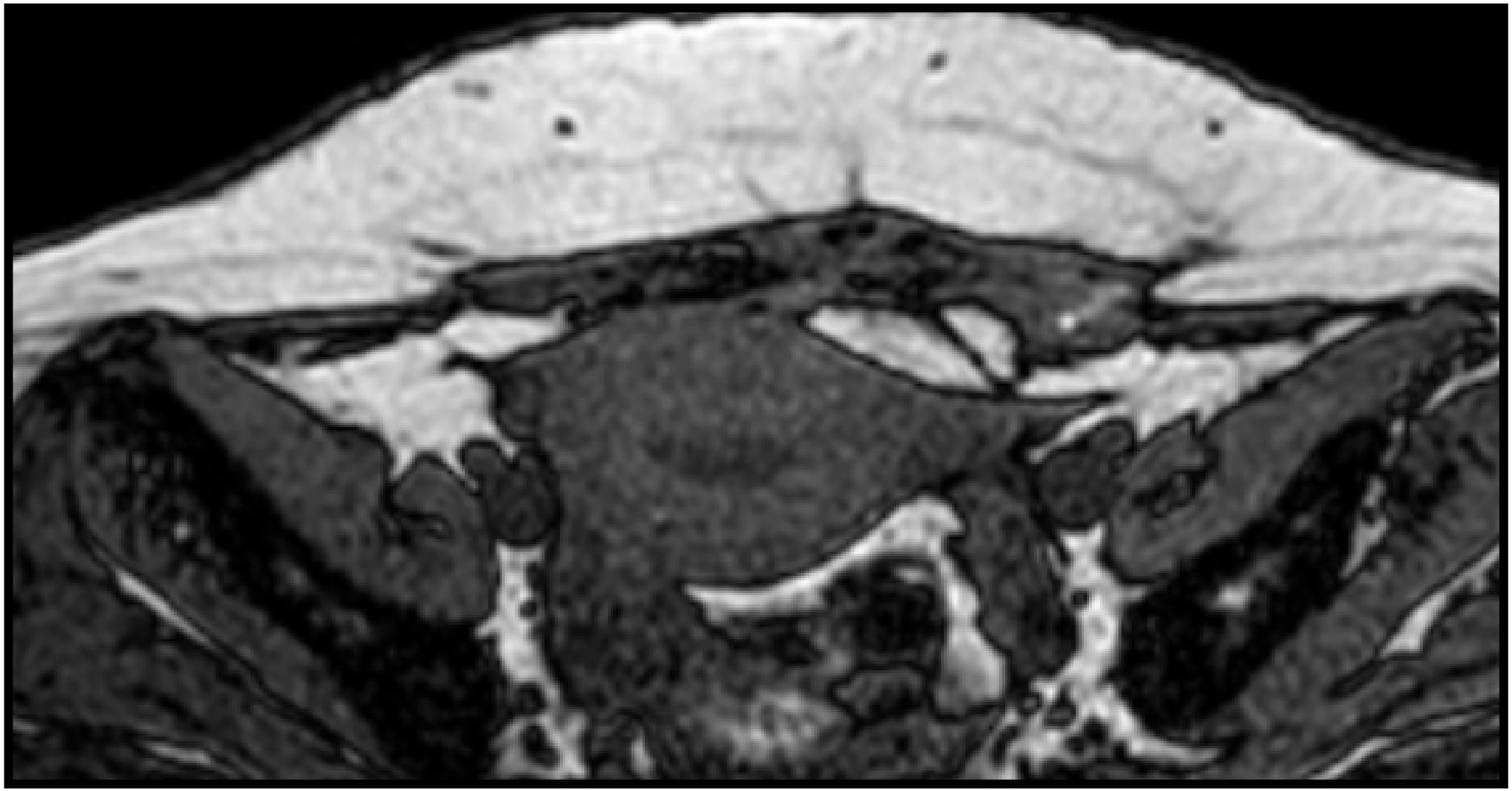


Evidence of fairly well-defined multiple T1/T2/SPIR heterogenous hyperintense nodular lesions, largest measuring 4.8 x 1.7 x 4.0 cm (TR x AP x CC) noted in the deep subcutaneous plane and intramuscular plane involving rectus abdominis muscle, at previous surgical scar site, lower segment C-section scar predominantly in left lateral aspect

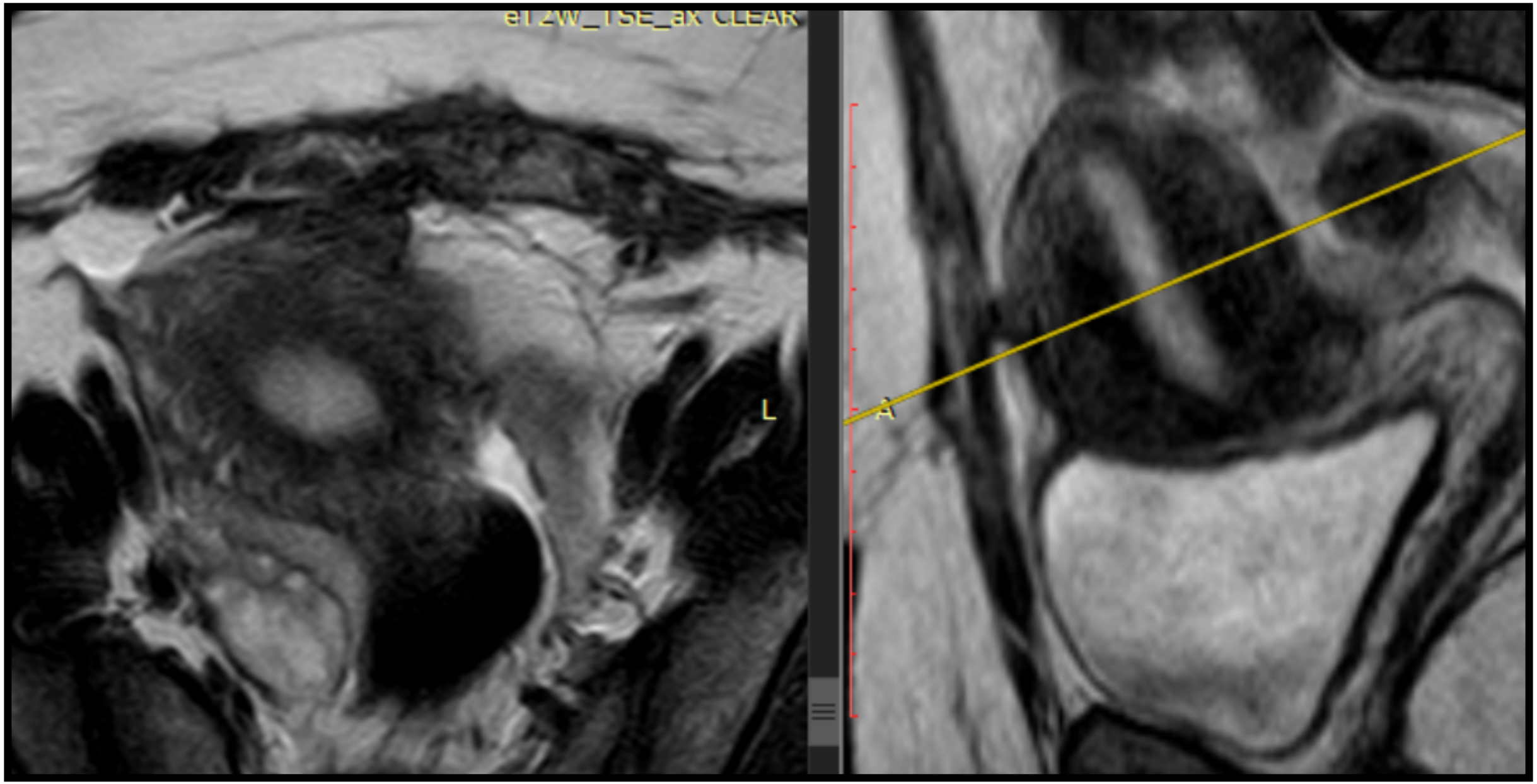




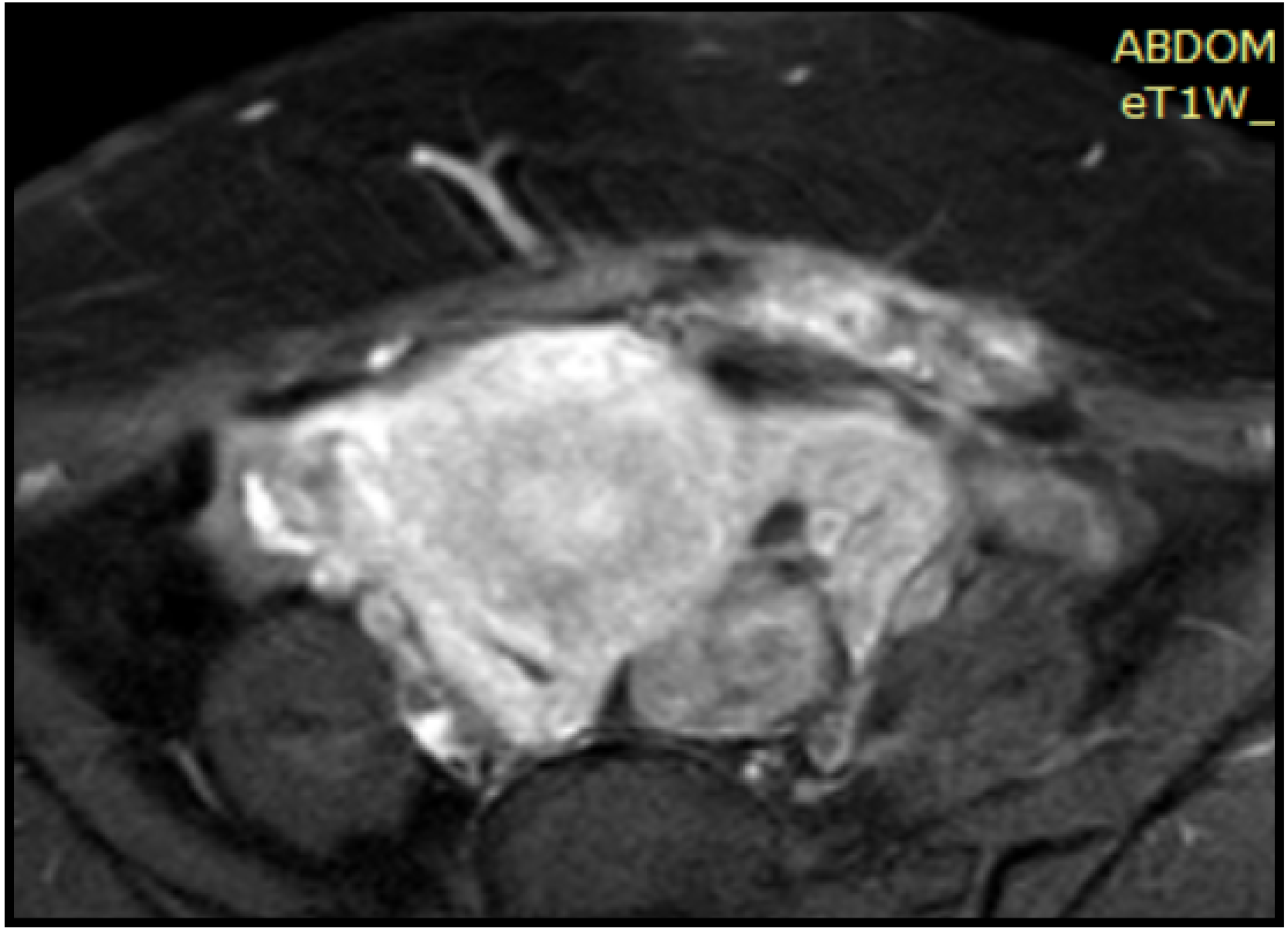
T1 heterogeneously iso-hyperintense



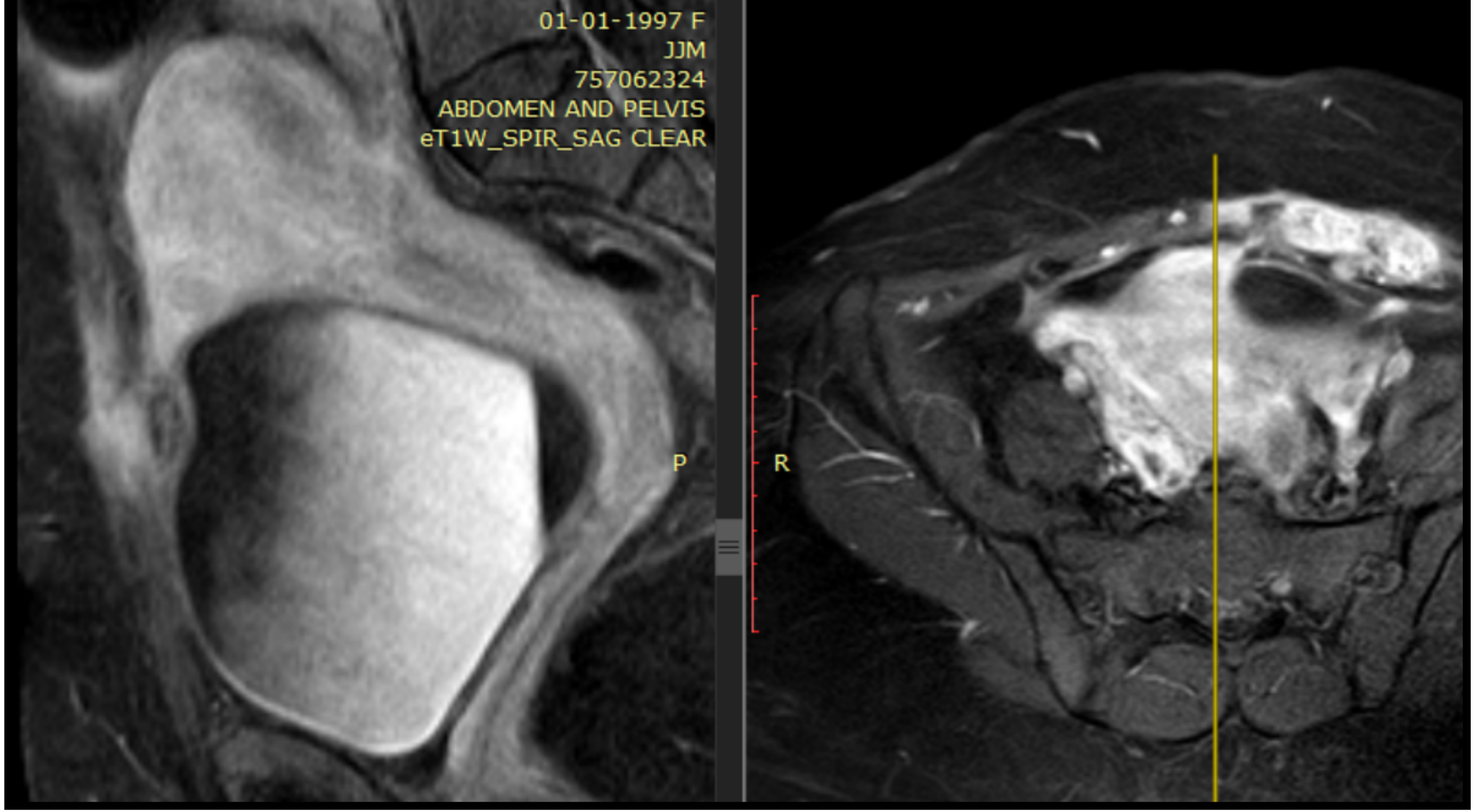
T1 heterogeneously iso-hyperintense with few foci of blooming on FFE.



Posteriorly- It is seen infiltration into underlying rectus abdominis muscle with breech in posterior border of rectus abdominis muscle in the midline, through which it is seen in continuity with the anterior wall of uterus with focal loss of fat planes- s/o adhesions



On post contrast study: the above nodular lesions show similar enhancement pattern as uterine endometrium- <u>s/o endometriosis.</u>



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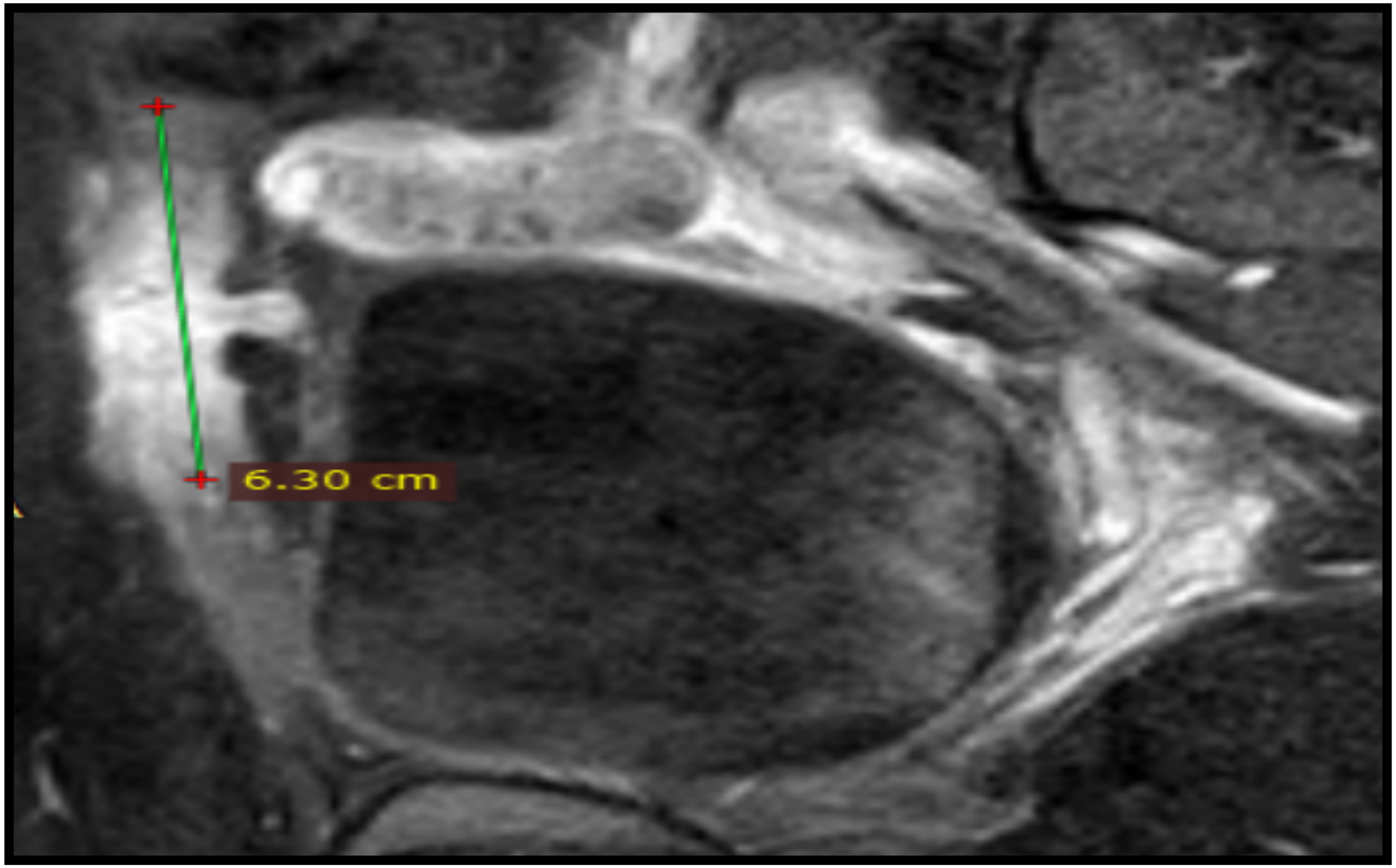
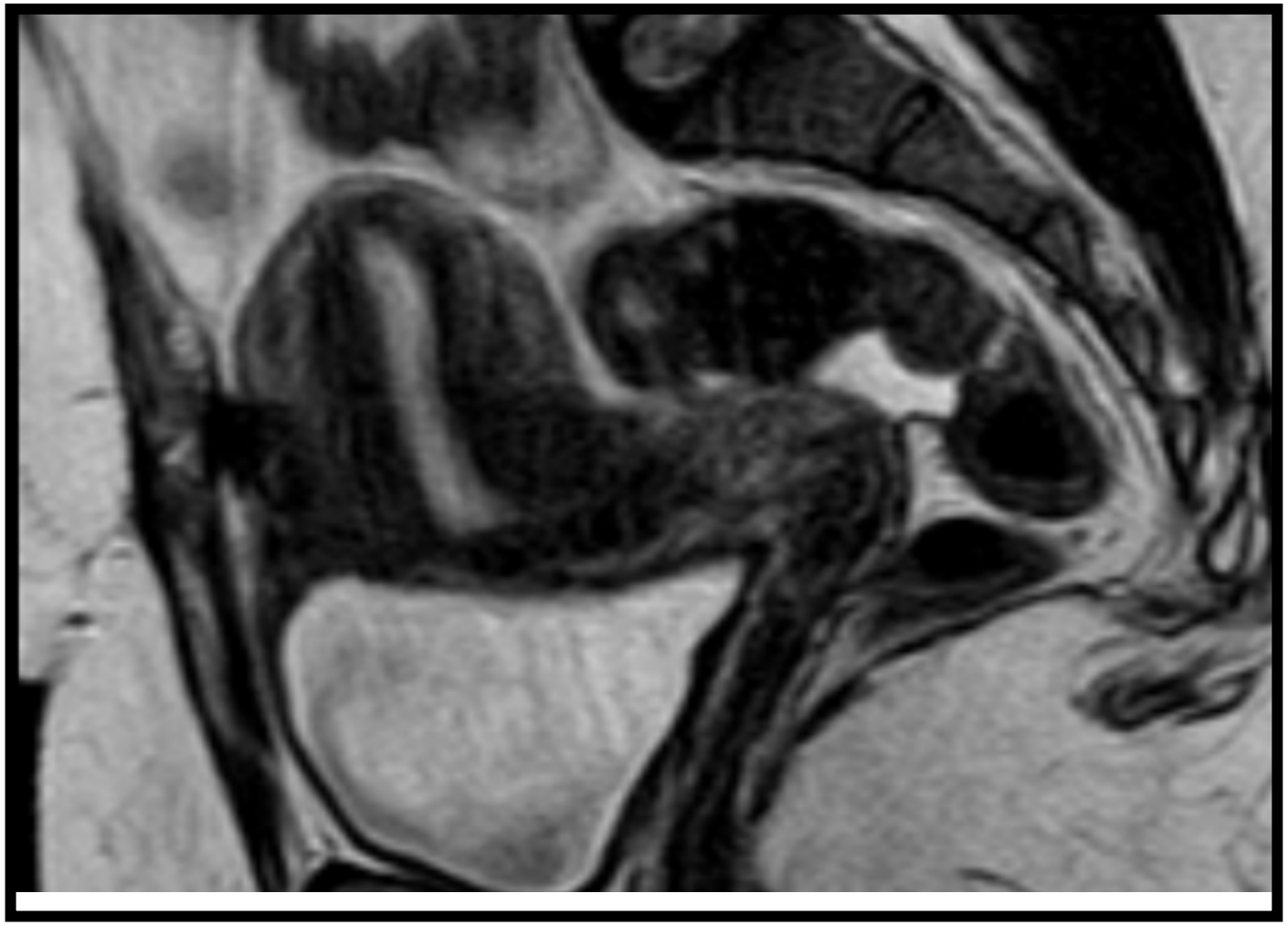
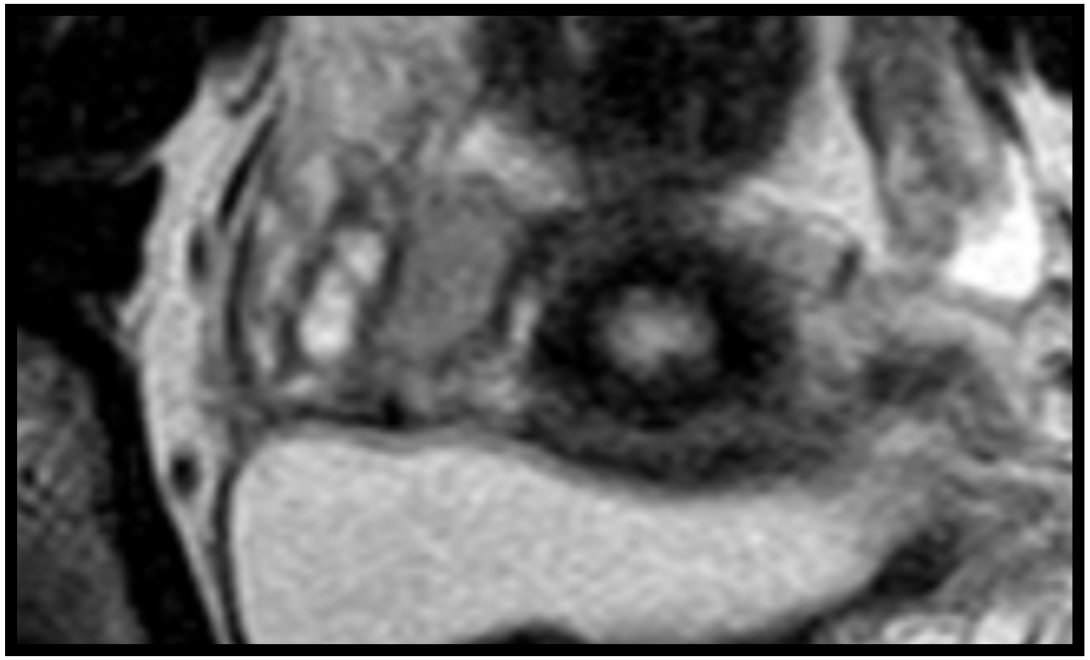
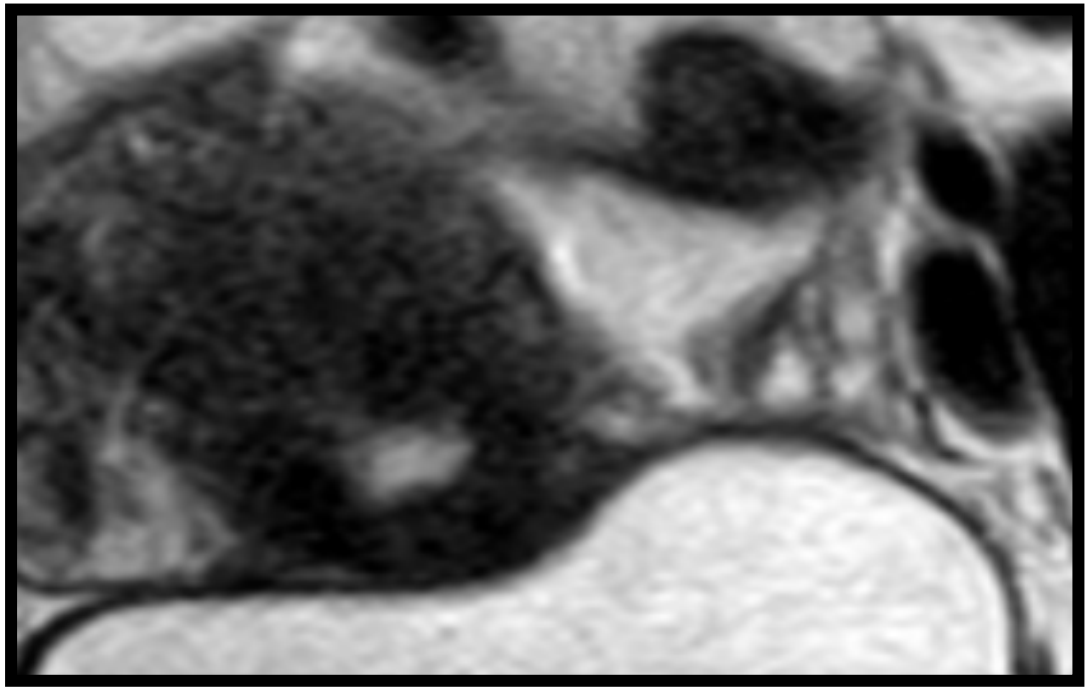


Inferiorly- It is seen extending along the deep subcutaneous tissue of anterior abdominal wall for a length of 6 cm with a nodular extension measuring 0.8 x 0.8 cm into pelvic cavity on left side, anterior to urinary bladder, however fat planes are maintained with bladder







Uterus bulky in size 8.3 x 4.8 x 5.6 cm (CCxAPxTR) with normal shape and signal characteristics.
Fat planes between the adjacent bowel and bladder
Endometrium appears normal in signal characteristics. The junctional zone appears normal and intact.
The cervix & vagina appear normal.
Bilateral ovaries and fallopian tube appears normal
No e/o POD free fluid.

DIAGNOSIS:

- **Fairly, well-defined, multiple nodular, T1/T2/SPIR heterogeneously hyperintense enhancing lesions showing blooming on FFE, in the deep subcutaneous plane along the course of previous lower segment C-section scar with infiltration into underlying rectus abdominis muscle and the anterior wall of uterus with loss of fat planes .**

➡ **Scar endometriosis with anterior uterine wall adhesions as described.**

THANK YOU