


부인과 증례



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Positive Findings in History

- Pelvic mass
- Low abdominal pain
- Irregular menstrual history
- Elevated CA-125
- Diagnosis of PID at local clinic

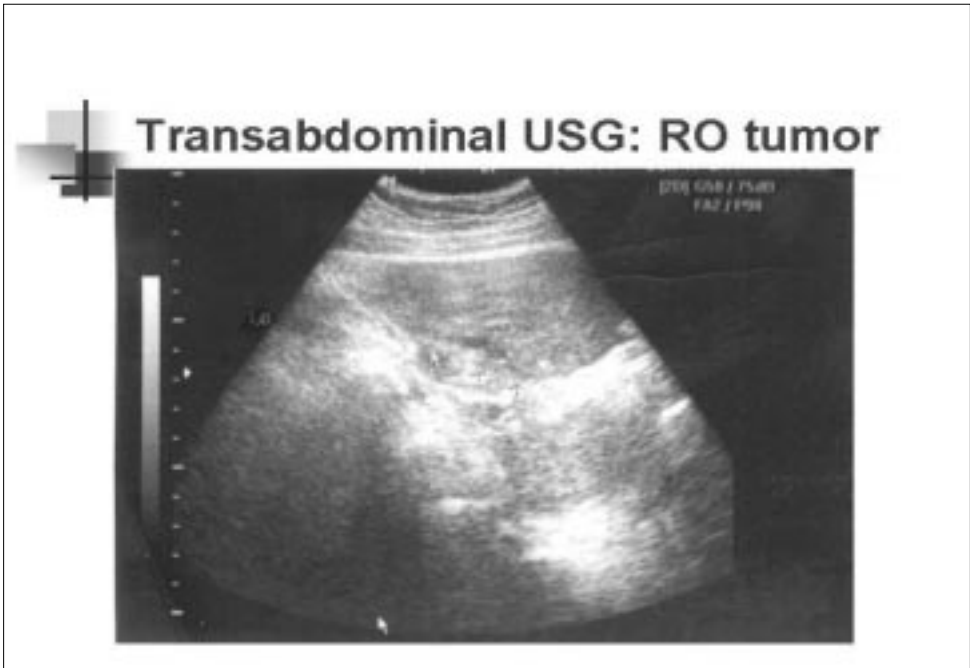
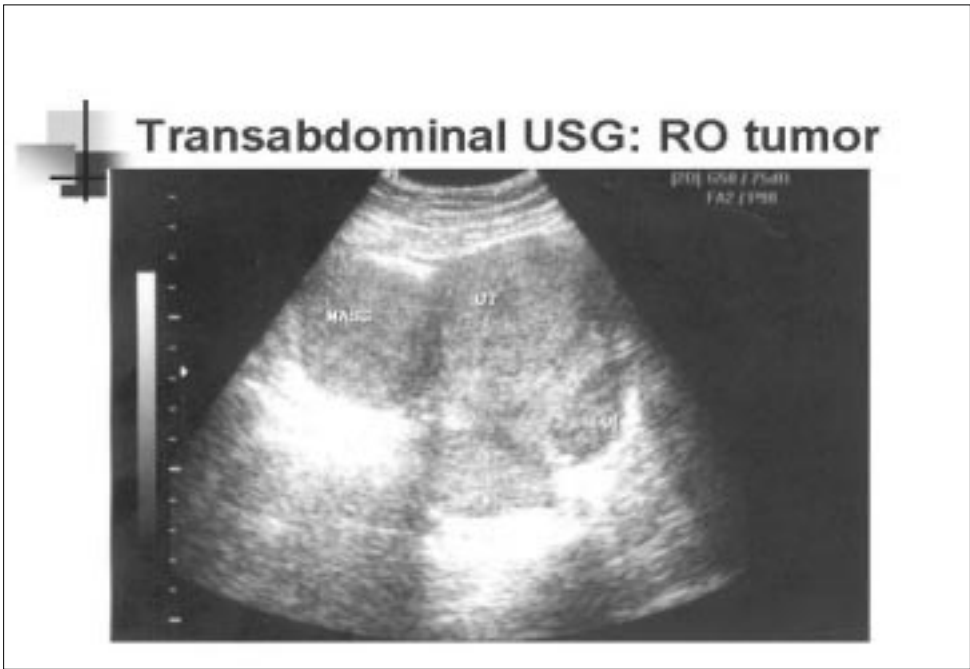


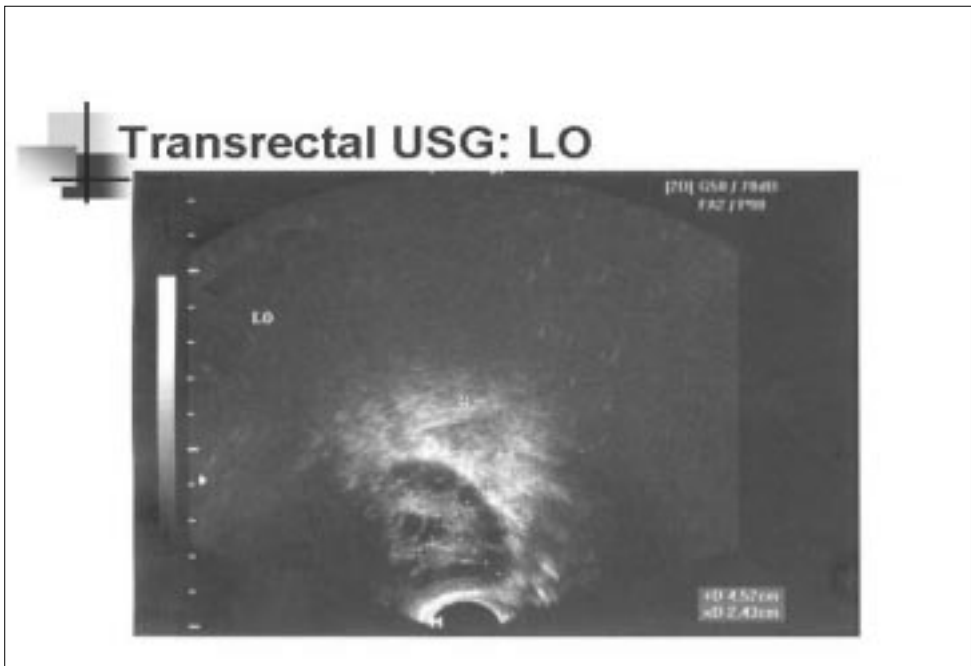
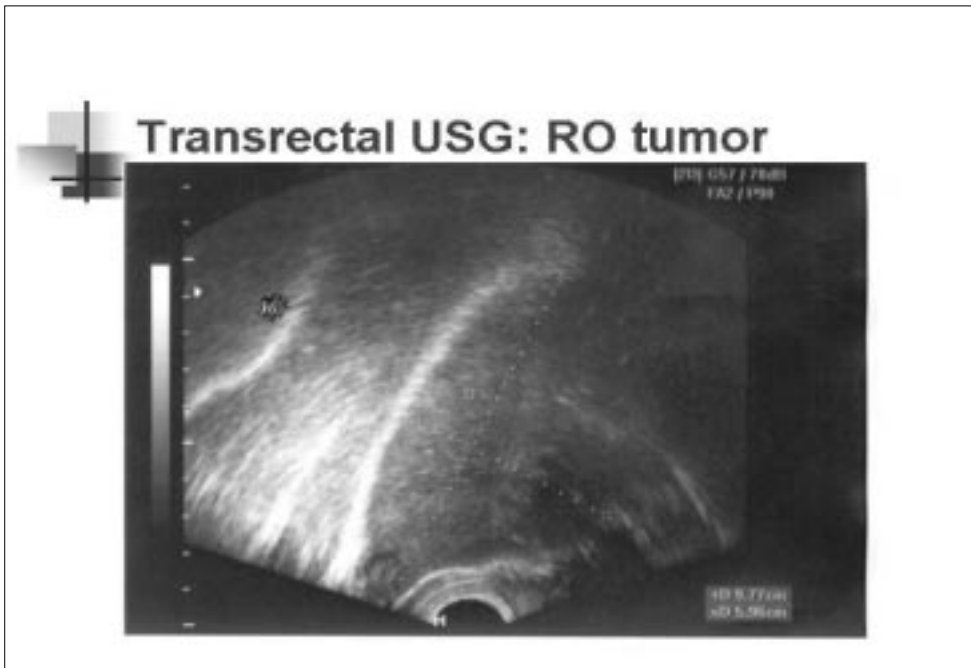
Differential Diagnosis Based on History

- Tuboovarian abscess
- Endometriosis
- Myoma ut
- Ovarian tumor with torsion
- Ovulatory dysfunction



Sonographic Findings





Transrectal USG: Thickened EM



Positive Findings in USG

- Rt. adnexal solid mass without septum or cystic portion
- Increased EM width
- PCOS like appearance, Lt ovary

Differential Diagnosis

- Tuboovarian abscess
- Endometriosis
- ~~Myoma ut~~
- Ovarian tumor with torsion
- Ovulatory dysfunction

- EM pathology
- Solid ovarian mass
- PCOS

Tuboovarian Abscess

- Almost always secondary to salpingitis
- Complex cystic mass with solid component and thick septum
- Hydrosalpinx with typical incomplete septum
- Multiloculated cystic mass with multiple septum

Not consistent with the present case

Endometriosis

- Dysmenorrhea, dyspareunia, chronic pelvic pain
- Ranging from an anechoic cyst to a cyst containing diffuse low-level echoes with or without solid components
- Cystic mass with homogenous hypoechoic low-level echos
- Cystic mass with fluid-fluid level and punctate mural echogenic foci
- The rare solid-appearing endometriomas are difficult to differentiate from true solid masses

Not consistent with the present case

Solid Ovarian Tumor without Septum

- Dermoid cyst
- Fibroma, thecoma
- Granulosa cell tumor
- Metastatic tumor

Dermoid Cyst

- Regional diffuse bright echoes
- Posterior acoustic shadowing
- Hyperechoic lines and dots
- Shadowing echodensity
- Fluid-fluid level

Not consistent with the present case

Fibroma, thecoma

- Two typical appearances
 1. Similar to that of a uterine fibroid
Posterior acoustic attenuation and multiple-edge shadows
 2. Hypoechoic mass with substantial attenuation

Consistent with the present case

Cannot explain EM pathology

Granulosa Cell Tumor

- The most common clinically estrogenic ovarian tumors
- 5% of patients have associated endometrial Ca.
- Small tumors are predominantly solid, having an echogenicity similar to that of uterine fibroid.
- The large tumors are multiloculated and cystic, having an appearance similar to that of cystadenoma.

Can explain EM pathology

Cannot be excluded

Metastatic Tumor

- Bilateral in 2/3-3/4 of cases
- Bilateral ovarian enlargement by solid mass

Less likely to be consistent with the present case, but metastasis from endometrial cancer cannot be excluded in the present case.



Assessment

1. Granulosa cell tumor, Rt ovary with endometrial hyperplasia
2. Fibroma or Thecoma, Rt ovary with underlying PCOS and endometrial hyperplasia
3. Endometrial cancer with ovarian metastasis d/t chronic anovulation from PCOS