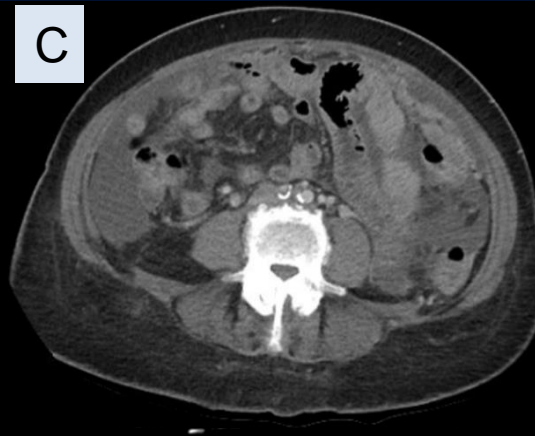


62-year-old postmenopausal
female with 3-day history of
suprapubic pain, GI upset and fatigue

Greishka Cordero Baez, MS3

CT IV Contrast

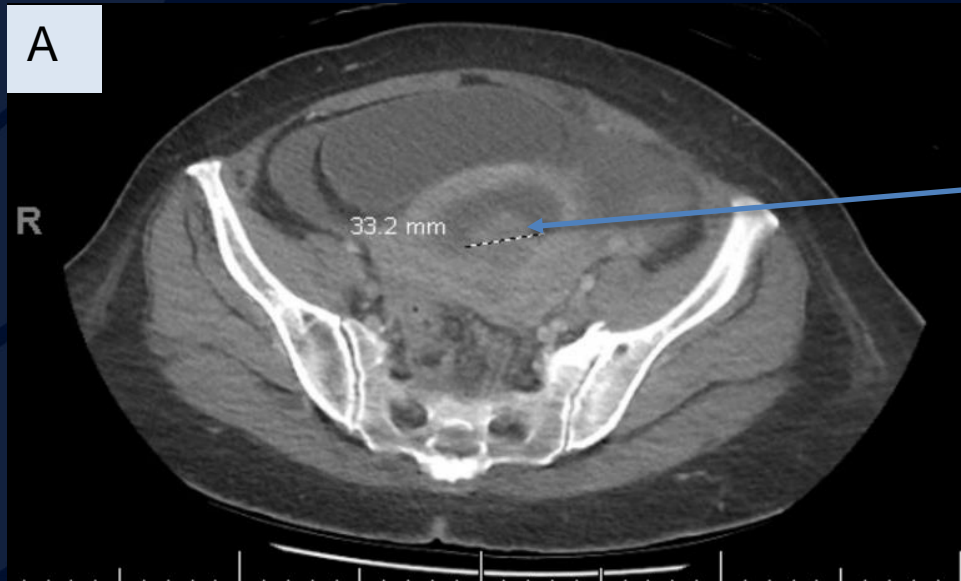


A large, stylized oak leaf graphic in a dark blue color, positioned on the left side of the slide. It features detailed vein patterns and a lobed edge.

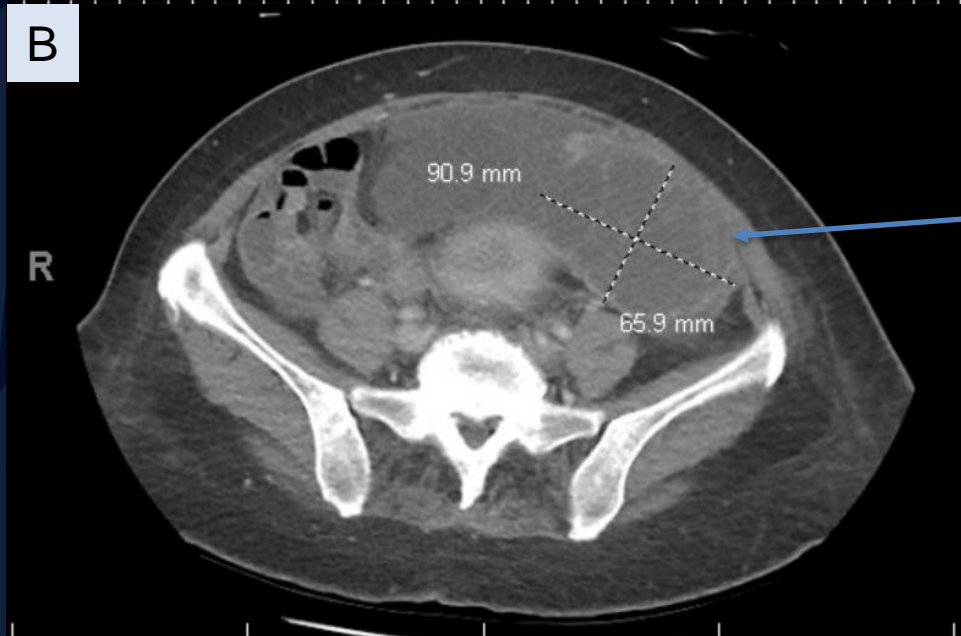
?

Endometrial Serous Carcinoma

CT IV Contrast

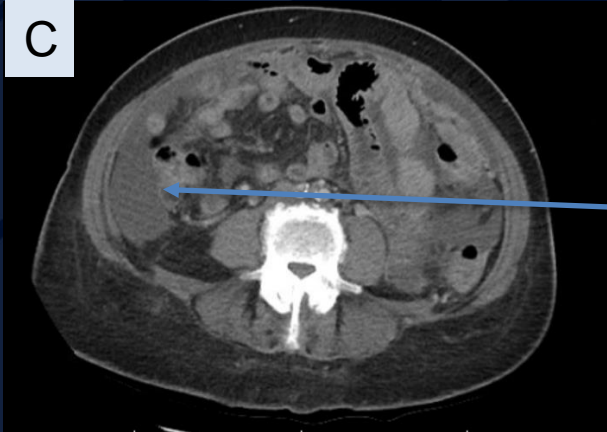


Distention of uterine cavity.
Irregular homogeneous mass-like hyperdensity measuring 3.32 cm (transversely) located at the lower uterine segment and uterine body

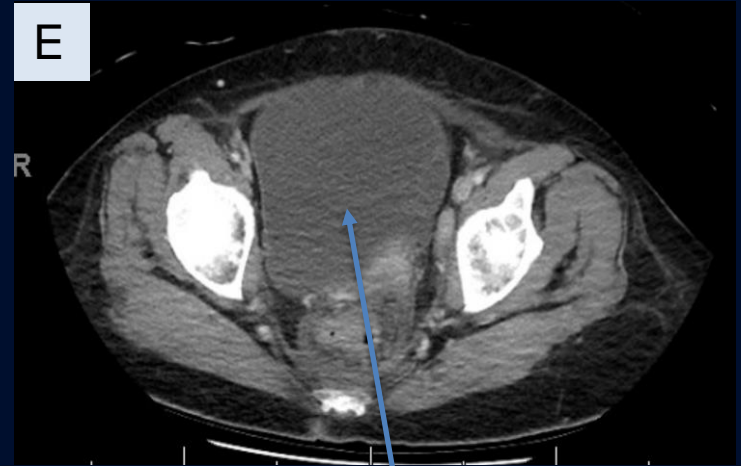


Multiseptated cystic mass 9.06 cm x 6.59 cm located in the left adnexa

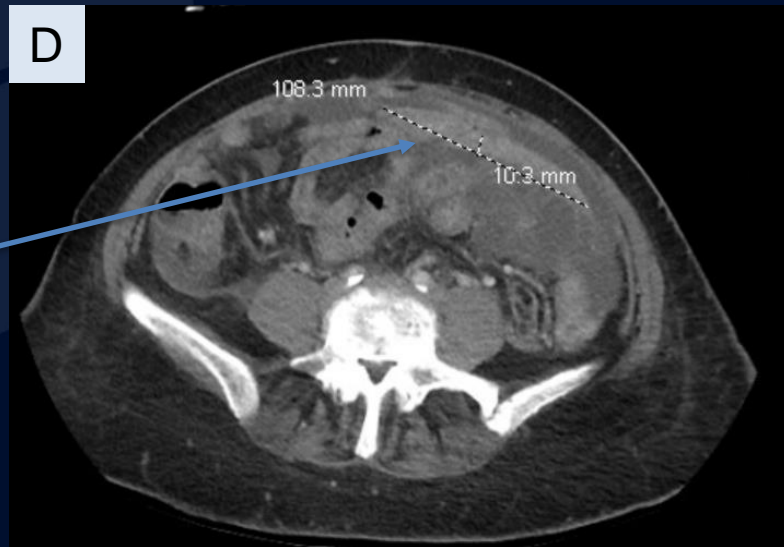
CT IV Contrast



Diffuse homogeneous abdominal and pelvic hyperdense fluid



Distended bladder



Omental thickening (10.8 cm x 1.0 cm)

Endometrial Carcinoma

Clinical presentation:

- Abnormal uterine bleeding (AUB) is the hallmark presentation
- Some patients may be asymptotically
- Most cases occur in females ≥ 55 years of age
- Imaging may show endometrial lining thickening or a mass in the endometrial cavity
 - Endometrial thickness > 4 mm is associated with higher risk of malignancy

CT Imaging Findings:

- Enlarged endometrial cavity with obstructing irregular mass at the level of lower uterine segment / body
- Large multiseptated complex cystic mass in adnexa
- Large amount of abdominal and pelvic fluid consistent with ascites present along with omental thickening; likely due to metastatic disease

Management:

- Hysterectomy, oophorectomy \pm cervix removal \pm lymphadenectomy \pm omentectomy \pm adjuvant therapy

References

- Up To Date
 - Endometrial carcinoma: clinical features, diagnosis, prognosis, screening
 - Endometrial cancer: epidemiology, risk factors, prevention