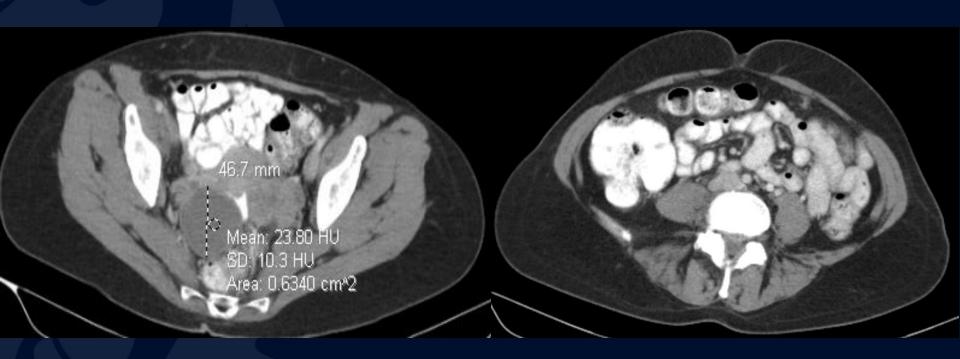
52-year-old female with dermatomyositis presenting with 5 days of worsening dysphagia

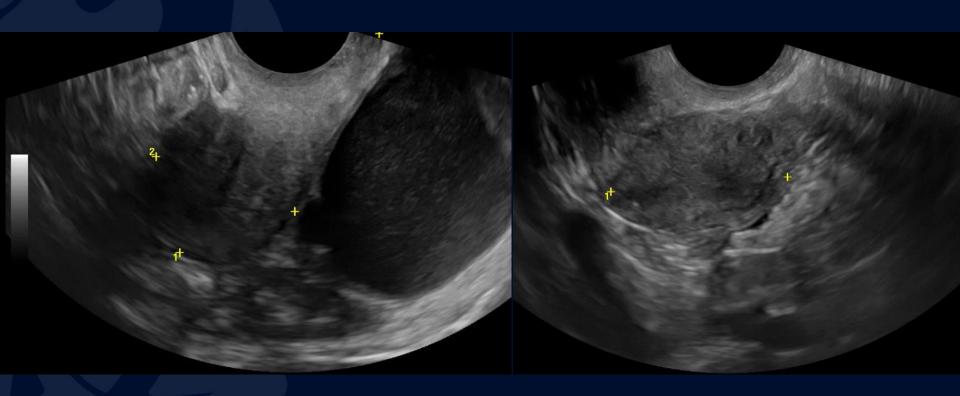
Padmini Karamchedu, MS3



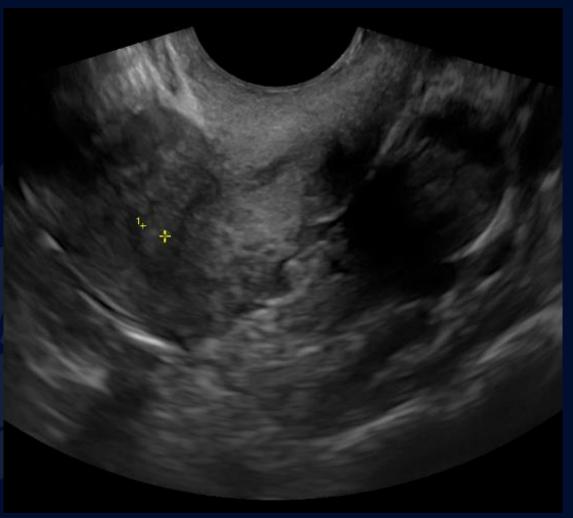
CT IV Contrast











Endometrium longitudinal view

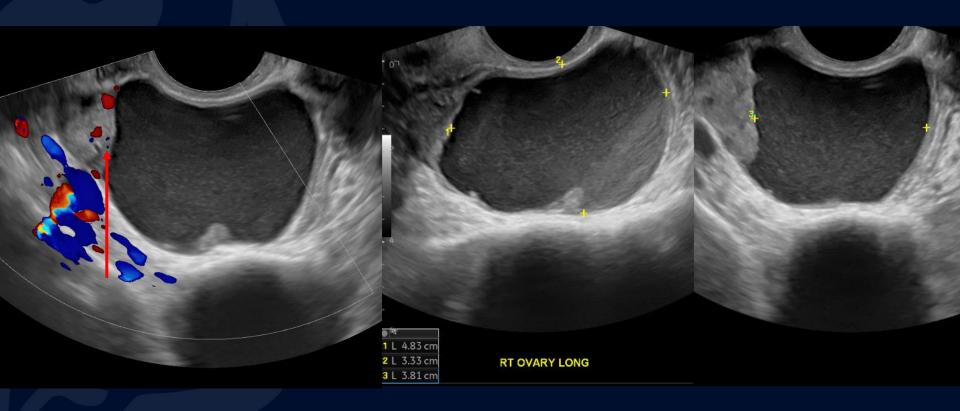




Adnexa longitudinal view

Adnexa transverse view







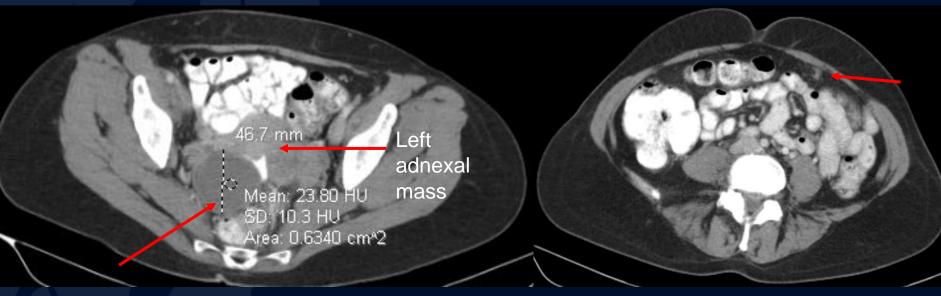




High-grade Serous Ovarian Carcinoma



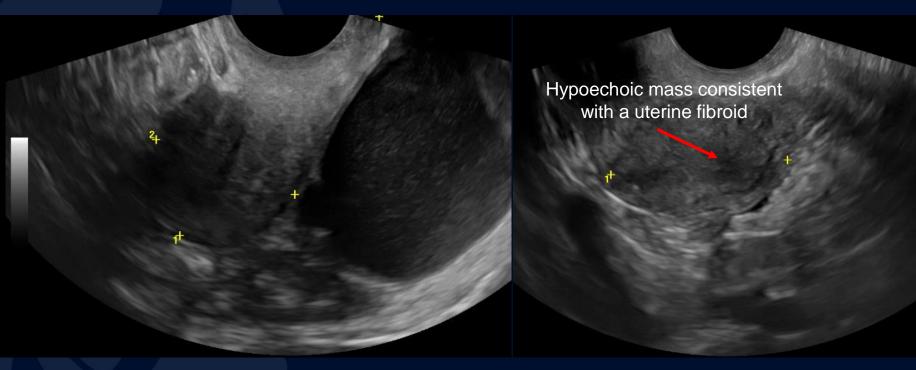
CT IV Contrast



Right ovarian mass

Solid soft tissue nodule in the omentum





Uterus longitudinal view

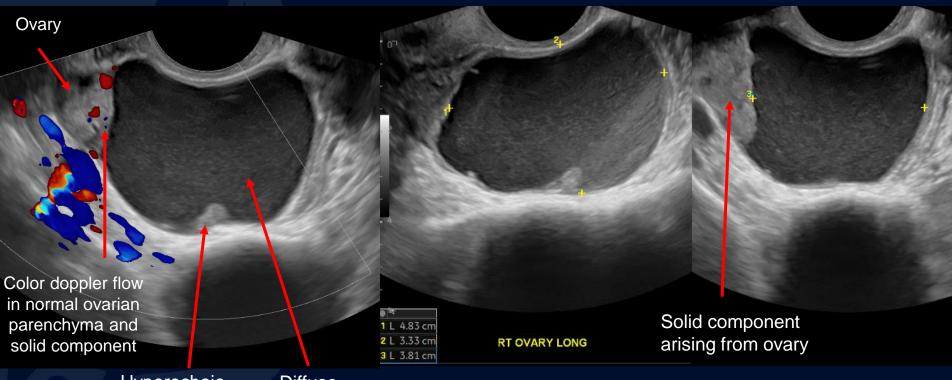
Uterus transverse view



Endometrial stripe measuring 0.36 cm

Endometrium longitudinal view

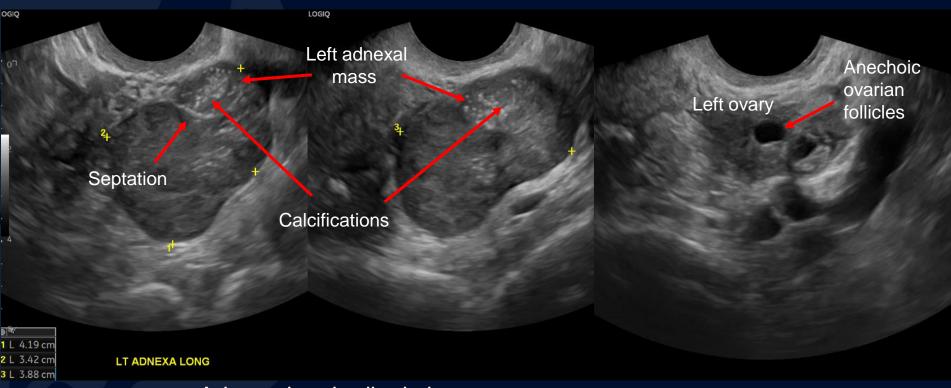




Hyperechoic papillary projection

Diffuse internal low-level echoes





Adnexa longitudinal view

Adnexa transverse view



Ultrasound Features of Adnexal Masses

Ovarian malignancy

- Part cystic and solid masses, papillary projections, acoustic shadows, ascites
- Often bilateral
- Color doppler flow in solid components

Endometrioma

- Unilocular cyst containing homogeneous low level echoes d/t internal hemorrhagic debris
- No color doppler flow

Ovarian cysts

- Anechoic
- Posterior acoustic enhancement
- Imperceptible wall



High-grade Serous Carcinoma

- Dermatomyositis is associated with ovarian cancer, breast cancer, melanoma and non-Hodgkin lymphoma
- Case studies of patients with new onset dermatomyositis found to have ovarian cancer, therefore thorough workup for malignancy is recommended in patients with new onset dermatomyositis
- Bilateral adnexal masses with features suspicious for malignancy in the setting of new or worsening dermatomyositis, surgical intervention is indicated



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