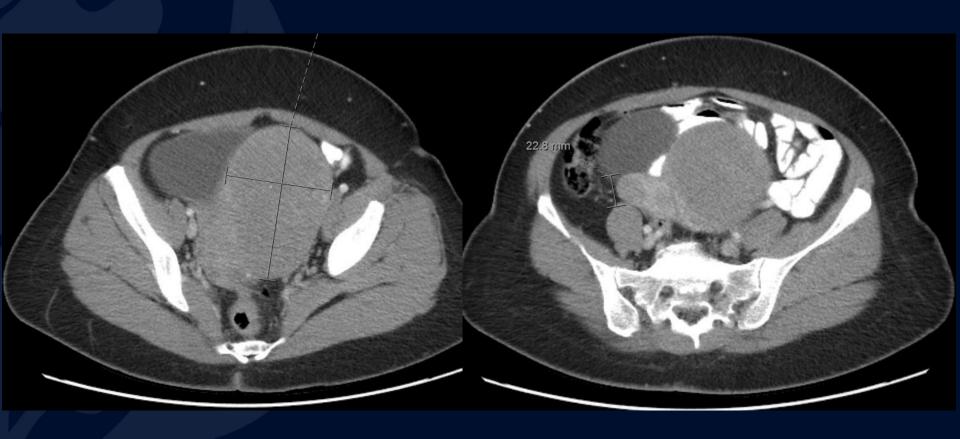
# 54-year-old female with history of endometriosis presenting with 2 weeks of left lower quadrant pain

Jennifer Casparino, MS3



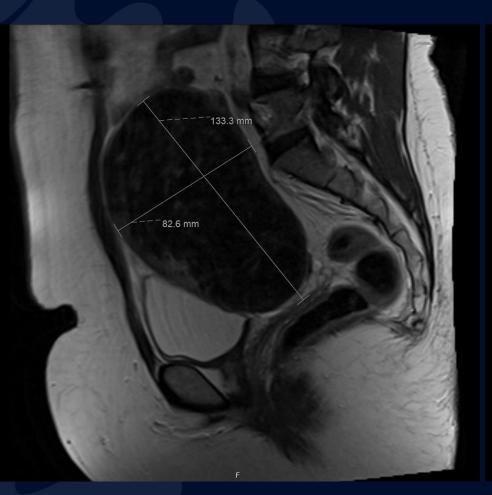


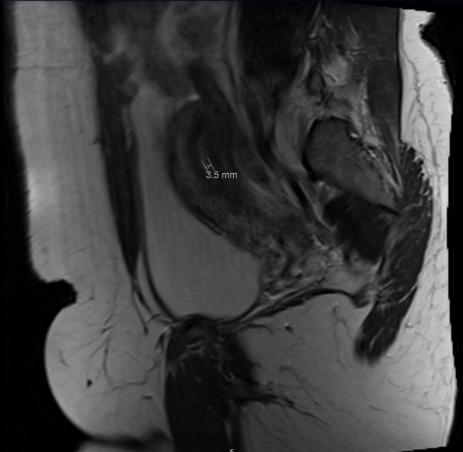






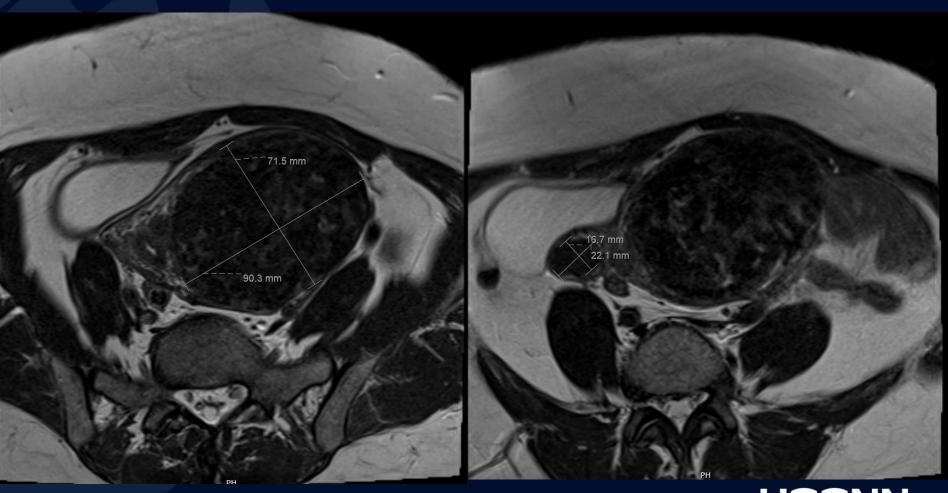
# T2 Sagittal







#### T2 Axial









# Uterine Leiomyoma (Fibroid)

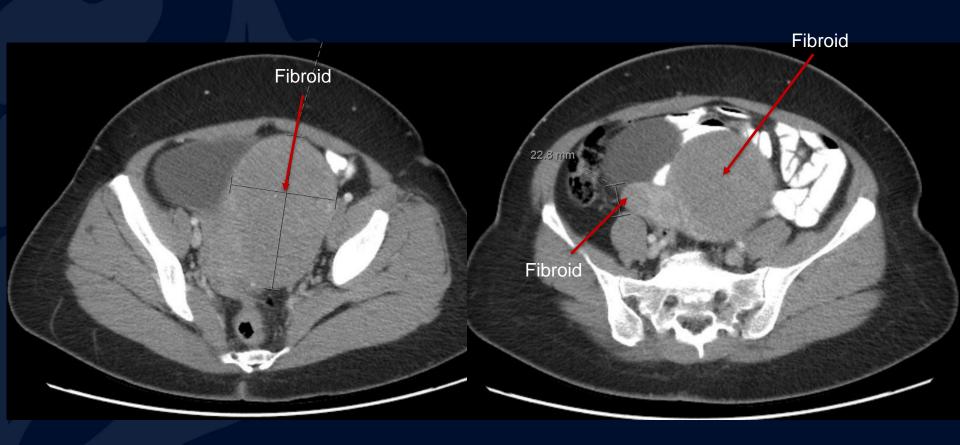




Bladder,

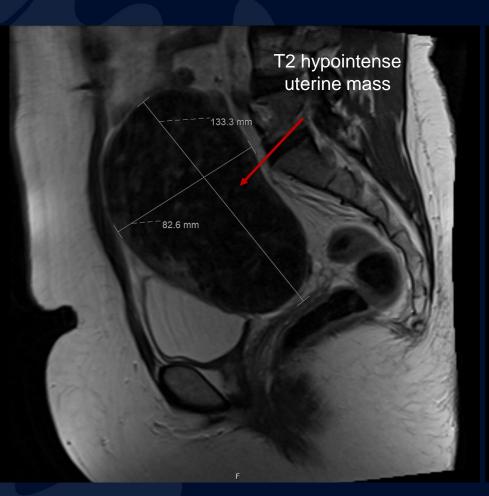
Leiomyoma, hypodense relative to normal uterus

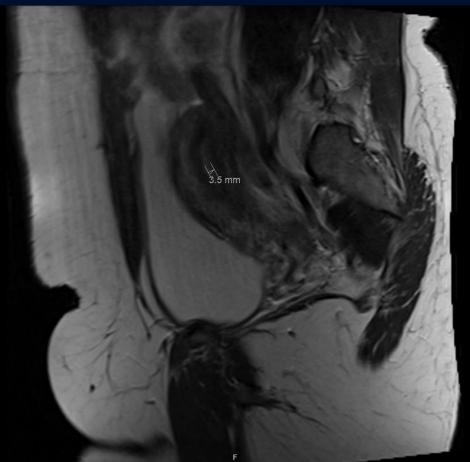






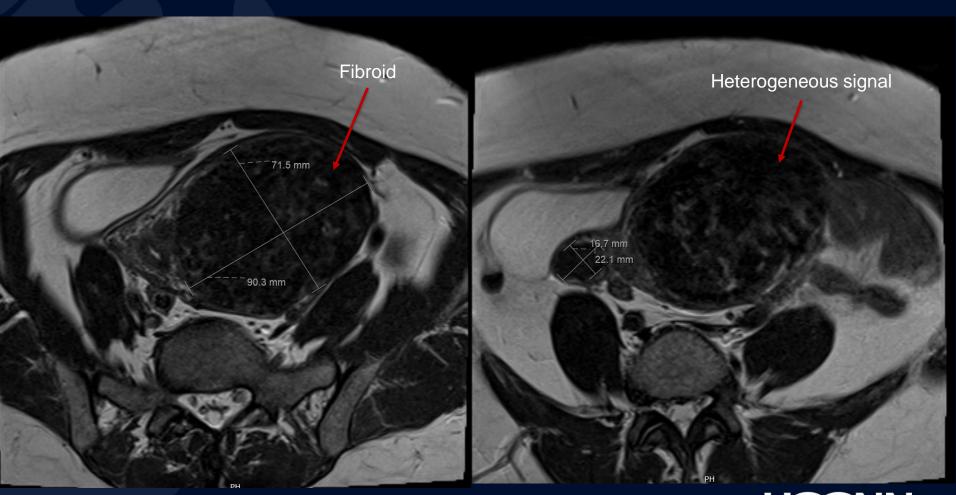
# T2 Sagittal







#### T2 Axial





#### Uterine Leiomyoma

Uterine leiomyoma (fibroid or myoma): benign monoclonal tumors arising from the myometrial smooth muscle cells and fibroblasts

- Most common pelvic neoplasm in females
- Arise in reproductive-aged females
- If symptomatic, present with abnormal uterine bleeding +/- pelvic pain
- May have negative reproductive effects such as infertility and adverse pregnancy outcomes
- Growth is responsive to estrogen and progesterone
- Described based on location in the uterus
  - Intramural, submucosal, subserosal, cervical, endocavitary

#### Differential

- Leiomyosarcoma
- Lipoleiomyoma
- Focal adenomyosis
- Endometrial carcinoma
- Adnexal mass (if leiomyoma is pedunculated)
- Focal myometrial contraction aka Braxton Hicks contraction (if seen during pregnancy)



## Imaging Findings

#### Ultrasound

- Bulky uterine enlargement with heterogeneous echotexture
- Circumscribed mass, hypoechoic to myometrium, poor posterior acoustic shadowing
- Peripheral vascularity

#### CT

- Enlarged lobular uterus
- Fibroid attenuation is similar to uterus on unenhanced scan
- Variable enhancement with contrast
- +/- course, dense calcifications
- +/- heterogeneity if cystic degeneration or hemorrhage is present.

#### MR

- Low T1/T2 signal
  - High T1 signal if hemorrhage
  - High T2 signal if cystic
- Variable enhancement, most often less enhancement than the surrounding myometrium
- After uterine artery embolization, decreased volume and enhancement is expected



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