

ROLE OF RECENT MRI MODALITIES IN ASSESSMENT OF PELVIC ENDOMETRIOSIS

Essay

Submitted for the partial fulfillment

Of the Master Degree in Radiodiagnosis

By:

Islam Mohamed Sameh Ebrahim Saleh

M.B.B.C.H.

Supervised By:

Dr. Mohamed Abd El Aziz Ali

Professor of Radiodiagnosis, Faculty of Medicine

Ain shams university

Dr.Heba Ibrahim Ali

Lecturer of Radiodiagnosis, Faculty of Medicine

Ain Shams university

Faculty of medicine

Ain Shams university

2012



دور التقنيات الحديثه في الرنين المغناطيسى في تقييم بطانة الرحم المهاجره في الحوض

دراسة مقدمة من الطبيب اسلام محمد سامح ابراهيم صالح

بكالوريوس الطب والجراحة جامعة عين شمس

توطئة للحصول على درجة الماجيستير في الأشعة التشخيصية

تحت إشراف

الدكتور / محمد عبد العزيز على

أستاذ بقسم الأشعة التشخيصية كلية الطب - جامعة عين شمس

الدكتور / هبه ابراهيم علي

مدرس بقسم الأشعة التشخيصيَّة كلية الطب - جامعة عين شمس

كلية الطب جامعة عين شمس ٢٠١٢

Summary and Conclusion

Endometriosis is an important gynecologic disorder that is responsible for severe pelvic pain, for which surgery remains the best therapeutic option. Because successful treatment requires lesion removal with radical surgery, the accurate preoperative assessment of the extension of endometriotic disease is extremely important.

Peritoneal fibrotic nodules, ovarian cysts with old hemorrhagic content, and adhesions are the most representative findings of the disease.

Clinical evaluation and various sonographic approaches are not sufficiently sensitive to detect deep implants of endometriosis. Furthermore, exploratory laparoscopy is limited in demonstrating deep endometriotic lesions that may be hidden by adhesions or located in the subperitoneal space.

Pelvic MRI is a non invasive method with high spatial resolution that allows multiplanar evaluation and good tissue characterization, but without the use of ionizing radiation or iodinated contrast agents. MRI demonstrates high sensitivity, specificity, positive and negative predictive values, and accuracy in prediction of the locations and in evaluation of the extension of lesions in patients with this disease. All the information offered by MRI is useful in planning the best treatment, surgical or medical, for the disease.



وقل اعملوا فسيرى الله عملوكم ورسوله والمؤمنون

سورة التوبة رقم الأية ١٠٥









First and foremost, thanks are due to **Allah**, the most beneficent and merciful.

I am so grateful and most appreciative to the efforts of **Prof. Dr. Mohamed Abd El Aziz** Professor of Radio-diagnosis, Faculty of Medicine, Ain shams University. No words can express what I owe him for his endless patience and continuous advice and support.

I wish to express my thanks to **DR**. Heba Ibrahim Lecturer of Radio-diagnosis, Faculty of Medicine, Ain shams University for her kind assistance and guidance.

I am indebted to my family, my friends and my colleagues for their endless and continuous help and support.



List of Contents

Title	Page
 Introduction and aim of the study 	· 1
• Chapter 1:	
- Anatomy of the female pelvio	c organs4
• Chapter 2:	
- Pathology of endometriosis	20
• Chapter 3:	
- Technique of Pelvic MRI incand pulse sequences	2
• Chapter 4: - Normal MR! of the female p	velvic oraans 50
• Chapter 5:	U
- MRI findings of pelvic endo	metriosis 62
• Chapter 6:	
- Illustrative cases	104
• Summary and Conclusion	
• References	
Arabic Summary	,

Eist of Abbreviations

Abbreviation	Name
ADC	Apparent Diffusion Coefficient
Cm	Centimeters
DCE	Dynamic Contrast Enhanced
DIE	Deep Infiltrating Endometriosis
DWI	Diffusion Weighted Imaging
Fig	Figure
FMS	Fibro-Muscular Stroma
FOV	Field Of View
Н	Hydrogen
IV	Intravenous
Mm	Millimeters
MRI	Magnetic Resonance Imaging
NEX	Number of Excitation
NMV	Net Magnetization Vector
RF	Radio-Frequency
SNR	Signal to Noise Ratio
SWI	Susceptibility Weighted Imaging
1.5-T or 3-T	1.5 Tesla or 3-Tesla
TE	Time to Echo
TR	Time to Repetition
TSE	Turbo-Spin-Echo
US	Ultrasonography
USLs	Utero-Sacral-Ligaments
WI	Weighted Imaging

Eist of Figures

Figure	Title	Page No.			
No.					
	Chapter 1 "Anatomy of the female pelvic organs"				
1.1	Female Urinary Bladder and Urethra	5			
1.2	Female pelvis Lateral View	6			
1.3	Model of the female pelvis sagittal view	7			
1.4	Female Pelvis Lateral View	8			
1.5	The Fallopian tubes, ovary and broad Ligament Posterior view	11			
1.6	Illustrative figure lateral view of the uterus showing the relation of the ureters and uterine artery and the peritoneal covering of the uterus.	14			
1.7	The pelvic ligaments seen from above	15			
1.8	The uterus and broad ligament posterior view	17			
1.9	Sagittal section of the rectum & its related viscera in the female	18			
Chapter 2 "pathology of endometriosis"					
2.1	The potential origins of Endometriosis	22			
2.2	Laparoscopic view of deposits of endometrial tissue on the ovary	23			
2.3	Drawings of the female pelvic anatomy in the axial and sagittal planes.	24			
2.4	Drawing (midsagittal view) illustrates the female pelvis.	25			
2.5	Drawing illustrates the posterior compartment of the female pelvis.	26			
2.6	Drawing (midsagittal view) of the female pelvis shows sites of anterior culde-sac endometriosis.	27			
2.7	Laparoscopic photograph shows anterior compartment endometriotic mass.	28			
2.8	Drawing (midsagittal view) of the female pelvis shows endometriotic tissue infiltrating the posterior uterine serosa	28			

	Drawing (midsagittal view) of the			
2.9	female pelvis shows Deep Infiltrating	29		
	Endometriotic lesions.			
Chapter 3 "	Technique of Pelvic MRI including recer	nt techniques		
1	and pulse sequences"	1		
3.1	Basic physics of the MR signal	33		
3.2	Magnetization relaxation and decay	34		
3.3	Normal sagittal T2-WI after vaginal and	37		
5.5	rectal opacification with ultrasound gel	31		
3.4	Sagittal T2-weighted MRI views pre and	40		
3.4	post vaginal gel opacification	40		
3.5	Principle of DWI	42		
	Graph illustrates signal intensity versus			
3.6	b values at DWI of tissue with normal	43		
	and restricted diffusion.			
Chap	ter 4 "Normal MRI of the female pelvic o	rgans"		
4.1	Axial T2W and sagittal T2W showing	51		
4.1	normal MRI of the female urethra.	31		
4.2	Sagittal and axial T2W MRI showing	52		
4.2	normal MRI of the urinary bladder	32		
4.3	Sagittal T2W image showing normal	53		
4.3	anatomy of the anterior compartment.	33		
4.4	Sagittal T2W MRI of normal uterus	54		
4.5	Axial T2W MRI of normal uterus	54		
4.6	Sagittal T2W image showing zonal	55		
4.0	anatomy of the uterus.	33		
4.7	Sagittal T2W image of post menopausal	57		
	uterus.	31		
4.8	Axial T2WI showing normal vagina.	58		
4.9	Coronal T2WI of the ovaries	59		
	Parasagittal and midsagittal T2W MRI			
4.10	showing normal anatomy of the	61		
	posterior compartment.			
Chapter 5 "MRI findings of pelvic endometriosis"				
5.1	T1W fat suppressed and T2W MRI	65		
3.1	appearance of endometrioma (shading).	0.5		
5.2	Axial T1W fat suppressed and T2W	66		
5.2	MRI with typical T2 shading.	00		
<i>5.</i> 2	Axial T2, axial T1 and axial T1 fat-			
5.3	saturated MRI of endometrioma	66		

I		
5.4	Axial T1 fat suppressed and axial T2 of endometriosis of the ovary and cul-desac showing Shading	67
5.5	Sagittal T2W of Deep pelvic endometriosis involving the sigmoid colon	68
5.6	Sagittal T2W, sagittal T1W fat suppressed and oblique coronal T2W showing Endometriosis of the vesicouterine pouch	69
5.7	Sagittal T2W and axial fat suppressed T1W showing Endometriotic involvement of the vesicovaginal septum	69
5.8	Sagittal and coronal T2W, axial T1W and Laparoscopic view for bladder endometriosis	70
5.9	Axial T2W, parasagittal T2W, fat suppressed T1W and three dimensional contrast enhanced fat suppressed excretory phase T1W urogram for ureteral endometriosis	71
5.10	Sagittal T2W, sagittal fat suppressed T1W and axial T2W for bladder endometriosis with urethral involvement	72
5.11	Coronal, axial and sagittal T2W MRI, and laparoscopic view showing endometriosis of the middle pelvic compartment	73
5.12	Sagittal fat suppressed T1W and sagittal T2W for hematosalpinx associated with endometriosis	74
5.13	Axial T2W and axial fat suppressed T1W showing deep fibrotic endometriosis of the pouch of Douglas	75
5.14	Sagittal T2W and coronal T2W showing Isolated uterosacral ligament involvement with endometriosis	76
5.15	Axial T2-weighted MRI of the pelvis showing low-signal retractile lesion involving the right uterosacral ligament	76