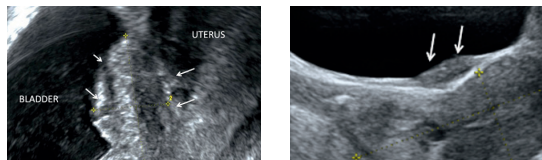


Ultrasound and MRI scanning for management of endometriosis

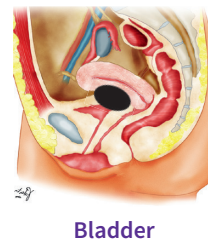
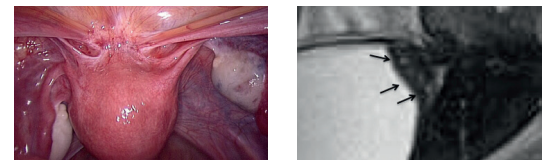
Anne Elodie, Millischer Bellaiche, Charles Chapron

1. Anterior compartment

Bladder



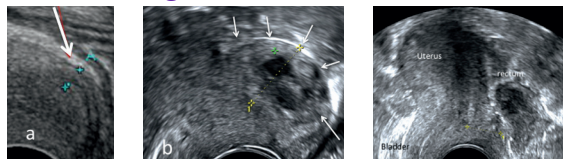
TVS: Round-shaped hypoechoic nodule with regular margin, bulging into the bladder, with or without cystic foci



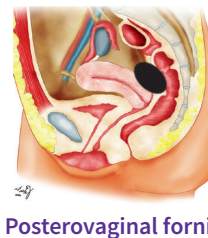
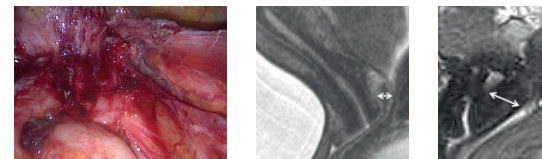
Sagittal FSET2 MRI: Round-shaped hypointense nodule, stuck with the anterior wall of the uterus

2. Posterior compartment:

Posterior vaginal fornix

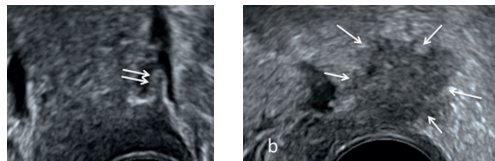


TVS a: Normal thin posterior vaginal fornix (<4 mm)
b: Thickened involved posterior vaginal fornix with cystic anechoic lesions

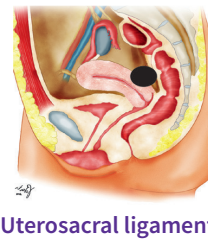
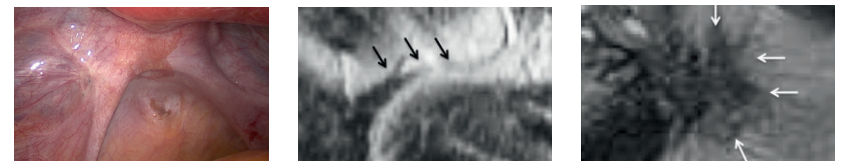


MRI sagittal FSE weighted T2 a: Normal thin posterior vaginal fornix (<4 mm) **b:** Hypo T2 thickened involved posterior vaginal fornix

Uterosacral ligaments

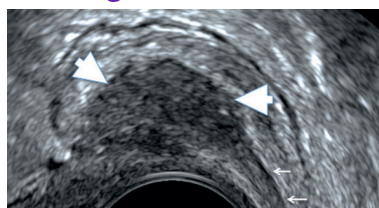


TVS a: Normal thin uterosacral ligament, lined by peritoneal fluid
b: Hypoechoic nodule with irregular margins, stellar shape

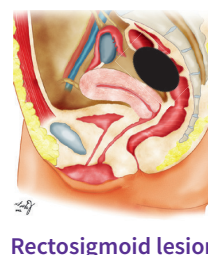
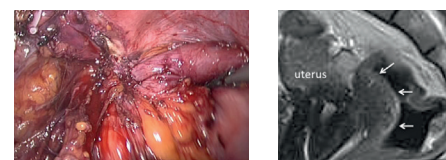


MRI sagittal FSE weighted T2 a: Hypointense T2 smooth linear structure
b: Hypo T2 fibrotic thickening

Rectosigmoid involvement



TVS: Irregular hypoechoic nodule throughout the intestinal wall, enlarging its normal layer anatomy (hypoechoic and thin muscularis propria and hyperechoic submucosa/mucosa)



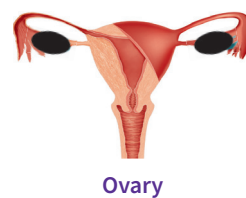
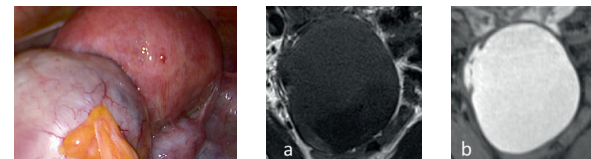
MRI sagittal FSE weighted T2: Hypointense T2 fibrotic mass throughout the anterior wall

3. Adnexal involvement

Endometriomas

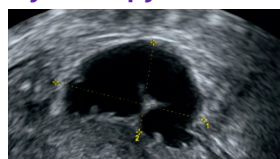


TVS: Homogeneous echoic component with blood level

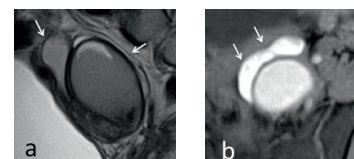


MRI a: Axial FSE weighted T2: typical « shading sign »
b: Axial FSET1 with fat saturation: typical hyper intense blood signal

Hydrosalpinx



TVS: Anechoic tubular structure: dilated fallopian tube



MRI a: Sagittal FSET1: tubular structure with a « shading » signal
b: AxFSET1 fat sat: hypersignal T1, related to the hemoragic component