

A Case of the 10 days

Case 396

A fifteen-year-old female presented in our hospital for fever and headache. Chest radiograph and laboratory test revealed within normal limits. Echo showed a cystic lesion with solid component at right ovary, suspicious of dermoid cyst or cystadenoma. She took abdomen MRI for further investigation (Figs. 1-3). She took CT for suspicious appendicitis nine years ago (Fig. 4).

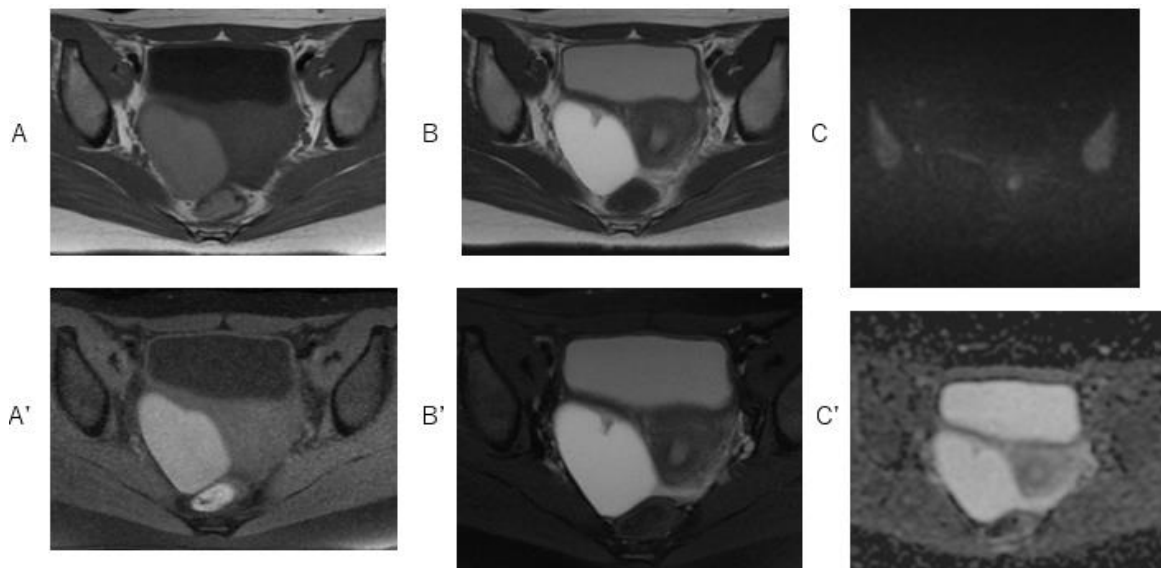


Fig.1 At right dorsal area of urinary bladder, a cystic lesion with small nodular solid component is depicted mildly low signal intensity on T1WI (A), high signal intensity on fat suppression T1WI (A'), high signal intensity on both T2WI (B) and fat suppression T2WI (B'), no high signal intensity on Diffusion WI (C), and high values on ADC map (C').

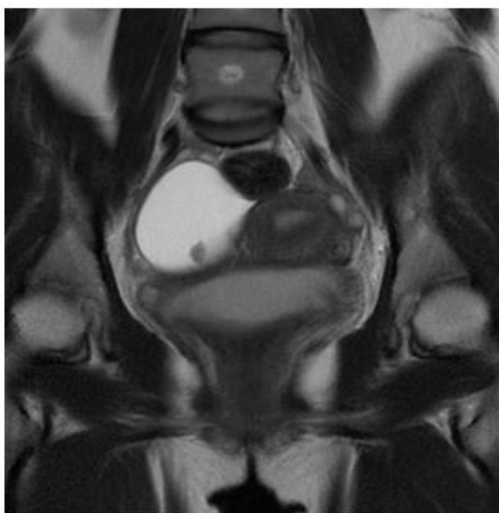


Fig.2 A cystic lesion with nodular solid component at right upper region of urinary bladder is depicted high signal intensity on coronal T2WI MRI.

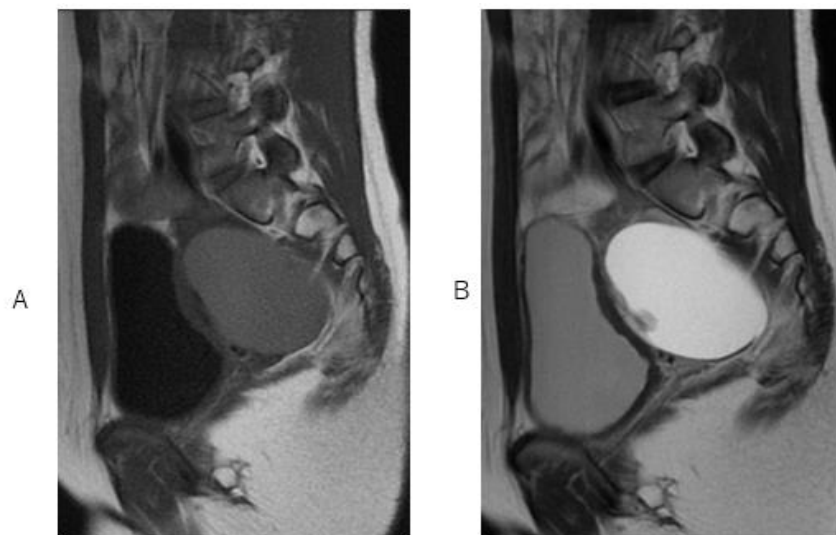


Fig.3 A cystic lesion at dorsal region of urinary bladder is depicted mildly low signal intensity (A), high signal intensity on T2WI(B). Note the cystic lesion contains solid nodular component (B).

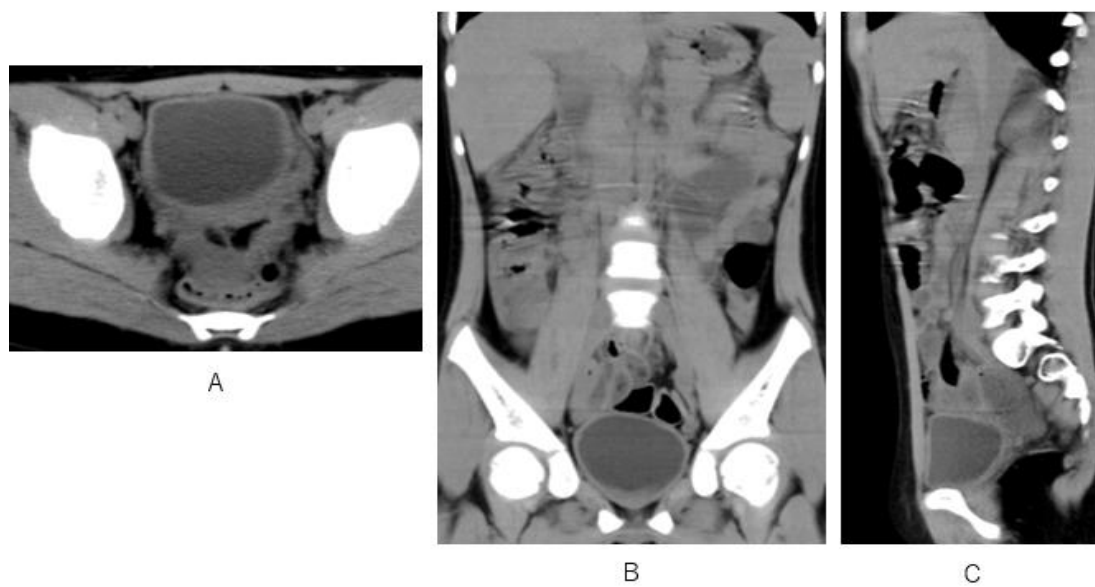


Fig. 4 Nine years before, there is no cystic lesion at right upper dorsal area of urinary bladder.

What is an imaging diagnosis?

1. Dermoid cyst
2. Cystic teratoma
3. Cystadenoma
4. Pyosalpinx
5. Uterine abscess

answer

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