

CT MRI : 3 1

(mm)

3 CT MRI

가

(stroma) (gland)

30

가

. MRI T2

(juncional

zone)
가

(stromal gland)

mm

3

CT MRI

2
2-0-6-7

가

45

가

MRI

7×6×8 cm

가

6 cm

(stalk) 가

T1

1

1-0-1-1

가 33

가

573 IU/ml,

4+

(platelet 15,500/mm³)

CT

(Fig. 1).

가

1/3

7 cm

가 3 - 4

(Fig. 2). MRI

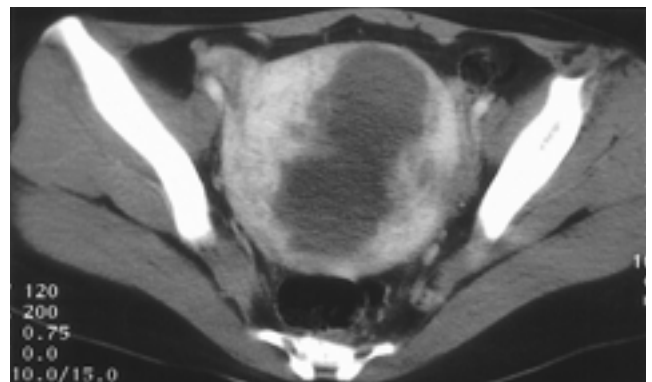


Fig. 1. A 33-year-old woman with hemorrhagic cystic adenomyosis.

Contrast enhanced CT shows globular enlarged uterus with internal geographic cystic or necrotic portion.

가
2

1999 11 30

2000 4 24

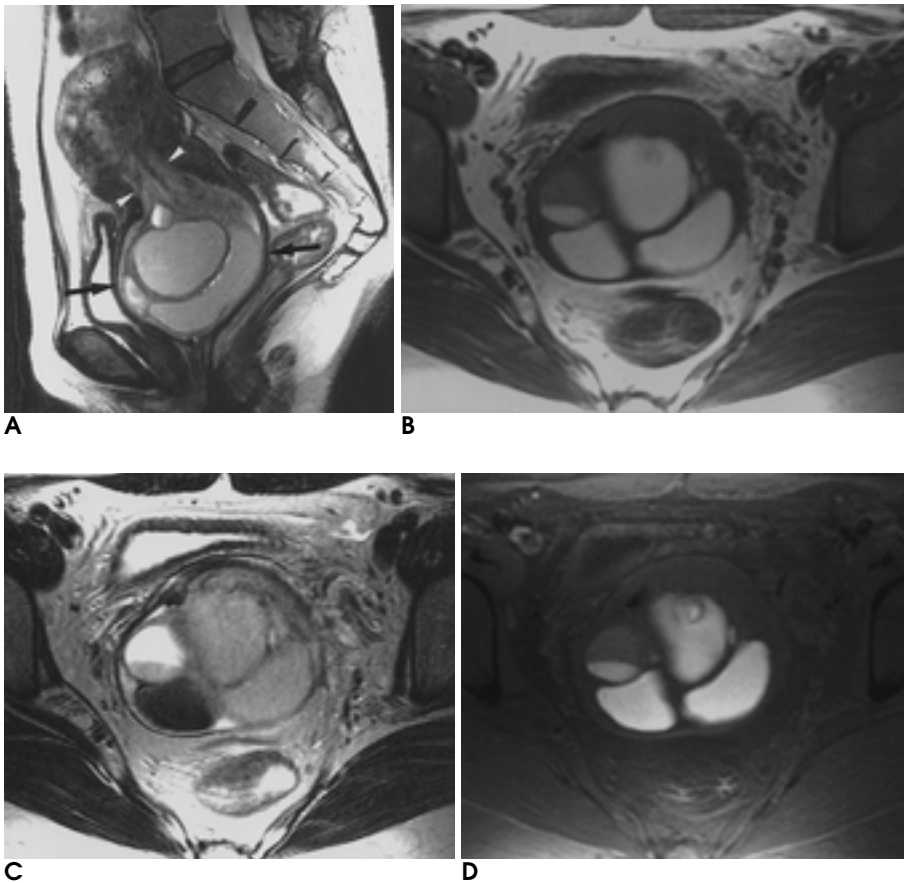


Fig. 2. A 45-year-old woman with hemorrhagic cystic adenomyoma.

A. Sagittal T2-weighted image shows a $7 \times 6 \times 8$ cm sized pedunculated mass (arrows) in the uterine cervical canal with internal heterogeneous signal intensity. This mass has long stalk arising from the uterine fundus (arrowheads). Note that ill defined heterogeneous low signal intensity with multiple signal voids in the uterine fundus (open arrows), which was confirmed intravenous leiomyomatosis.

B. Axial T1-weighted image demonstrates a huge multiloculated cystic mass of heterogeneous high signal intensity with fluid-fluid level.

C. Axial T2-weighted image demonstrates intermediate to high signal intensity with fluid-fluid level.

D. Axial contrast-enhanced fat-suppressed T1-weighted image shows neither suppression nor enhancement of the mass, representing different stage of hemorrhagic components within the cystic mass.

6 cm (1, 2). (basalis stratum) (1 - 3). mm (1) (proliferate phase) (secretory phase) (4). (decidual change) (5). MRI 가 T1 가 T2 가 (Fig. 3). 가 (1 - 3, 6, 7). (subtype) (adenomyoma) 가 3 MRI 2

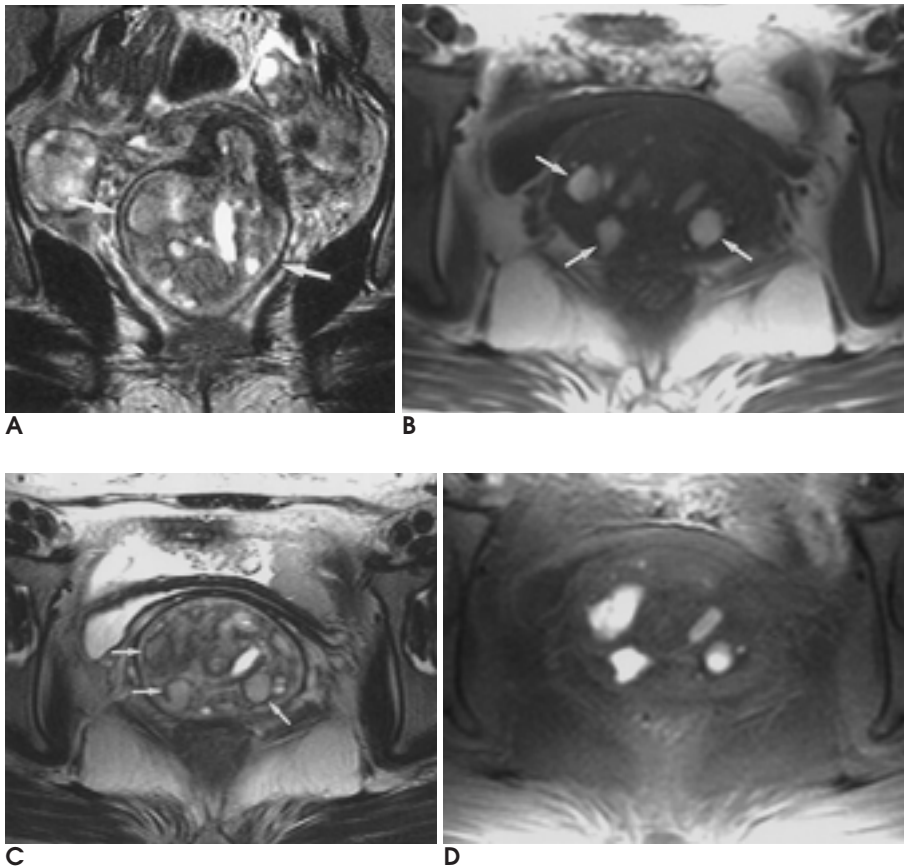


Fig. 3. A 30-year-old woman with hemorrhagic cystic adenomyoma.

A. Coronal T2-weighted image demonstrates a large mass with heterogeneous signal intensity in the uterine cervix (arrows).

B. Axial T1-weighted image demonstrates high signal intensity portions (arrows) within the mass.

C. Axial T2-weighted image shows a multilocular mass with intermediate to high signal intensity. Surrounding low-signal intensity rim is noted (arrows).

D. Axial contrast-enhanced fat-suppressed T1-weighted image shows neither suppression nor enhancement of the mass, representing different stage of hemorrhagic component.

가
가 T2
T1
T2
T1
Robert
(4)
T2
Kataoka (1)
CT
CT
MRI
hemosiderin

1. Kataoka M, Togashi K, Konishi I, et al. MRI of Adenomyotic cyst of the uterus. *J comput Assist Tomogr* 1998 ; 22(4):555-559
2. Togashi K, Ozasa H, Konishi I, et al. Enlarged uterus: differentiation between adenomyosis and leiomyoma with MR imaging. *Radiology* 1989;171;531-534
3. Mark AS, Hricak H, Heinrichs LW, et al. Adenomyosis and leiomyoma: differential diagnosis with MR imaging. *Radiology* 1987;163: 527-529
4. Ejeckam GC, Zeinab OA, Salman M, Bobeck HE. Giant adenomyotic cyst of the uterus. *Br J Obstet Gynaecol* 1993;100:596-598
5. Kawakami S, Togashi K, Konishi I, et al. Red degeneration of uterine leiomyoma: MR appearance. *J Comput Assist Tomogr* 1994;18: 925-928
6. Jae Young Byun, Sung Eun Kim, et al. Diffuse and Focal Adenomyosis: MR Imaging Findings. *Radiographics* 1999;19:S161-S167
7. Troiano RN, Flynn SD, McCarthy S. Cystic adenomyosis of the uterus: MRI. *J Magn Reson Imaging* 1998;8:1198-1202

CT and MR Imaging Findings of Cystic Adenomyosis of the Uterus: Report of Three Cases¹

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Adenomyosis of the uterus is a relatively common gynecologic disease characterized by the presence of ectopic endometrial glands and stroma within the myometrium. Small cystic spaces (not larger than several millimeters) are invariably present, and these are filled with blood. Extensive hemorrhagic cystic adenomyosis, however, is rare, and there have been very few radiologic reports of this condition. We describe the CT and MRI features of three cases of histologically confirmed huge cystic adenomyosis.

Index words : Uterus, abnormalities
Uterus, MR
Pelvic organs, CT

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