

EP02.51. Rethinking the adnexa: when the diagnosis lies beyond the ovary.

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Introduction

A 41 year old female with chronic arterial hypertension, mixed cardiomyopathy and active tobacco smoker, with previous surgical history of salpingectomy 20 years ago and a G2P2, with levonorgestrel intrauterine device as contraception, comes in to the emergency department complaining of pain and bleeding after IUD insertion a week prior.

Work-up

Physical examination shows no relevant findings. Ultrasound revealed indirect and direct signs of adenomyosis and adjacent to the right ovary, a heterogeneous solid tumor with color score 1, measuring 46 x 33 x 40 mm with a volume of 31 cc. Tumor markers were negative.

Diagnosis

She was taken to the operating room where a laparotomy was performed and the mass was removed along the appendix. Pathology results showed a high-grade mucinous neoplasm of the appendix, with extension into the mesoappendix fat, lymphovascular invasion was present and the proximal margin was negative.

Conclusion

Adnexal masses on ultrasound can be complex to diagnose, thus, they demand a disciplined, anatomy-based diagnostic approach.

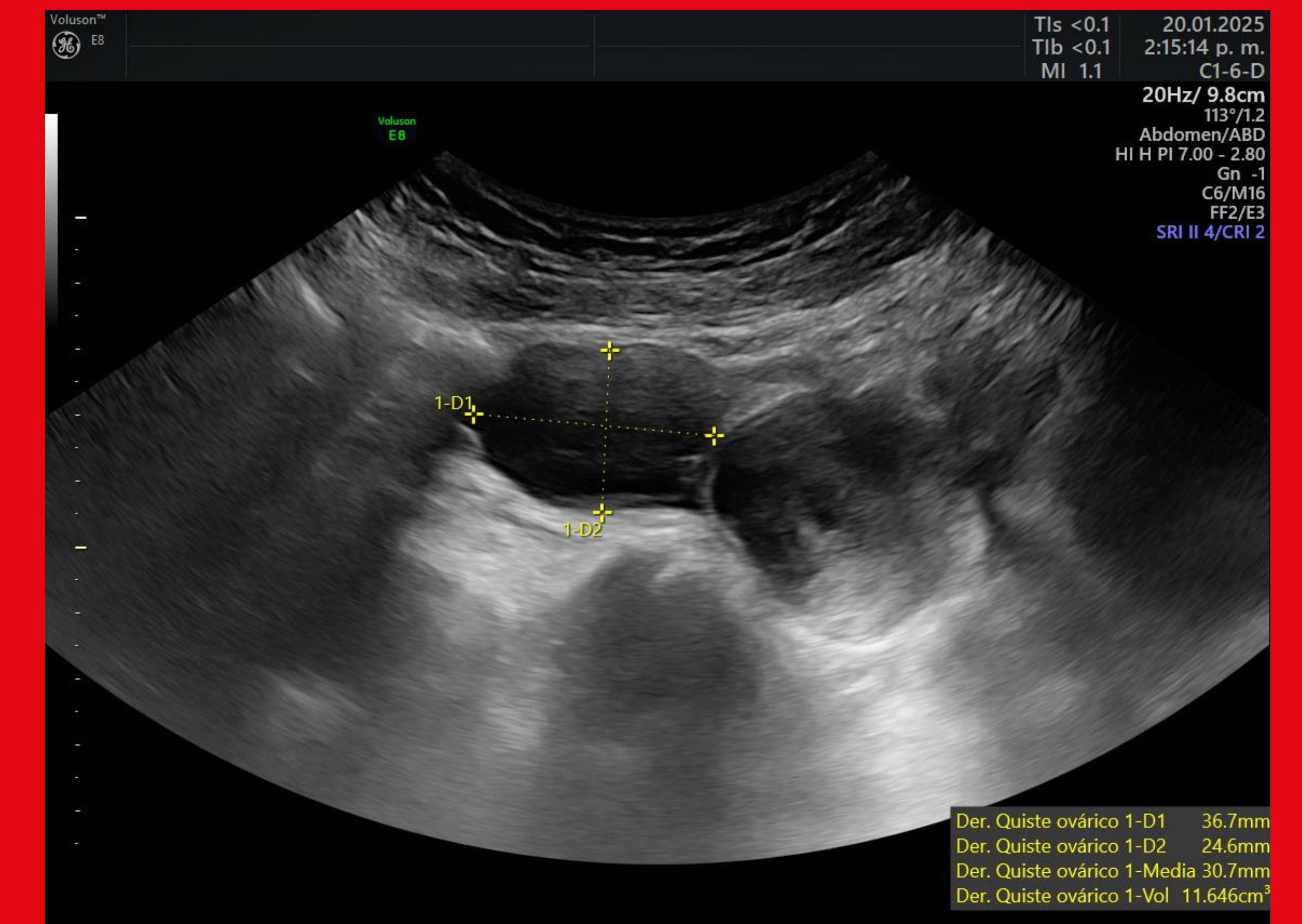


Figure 1. Adnexal mass on right ovary, sagital view.

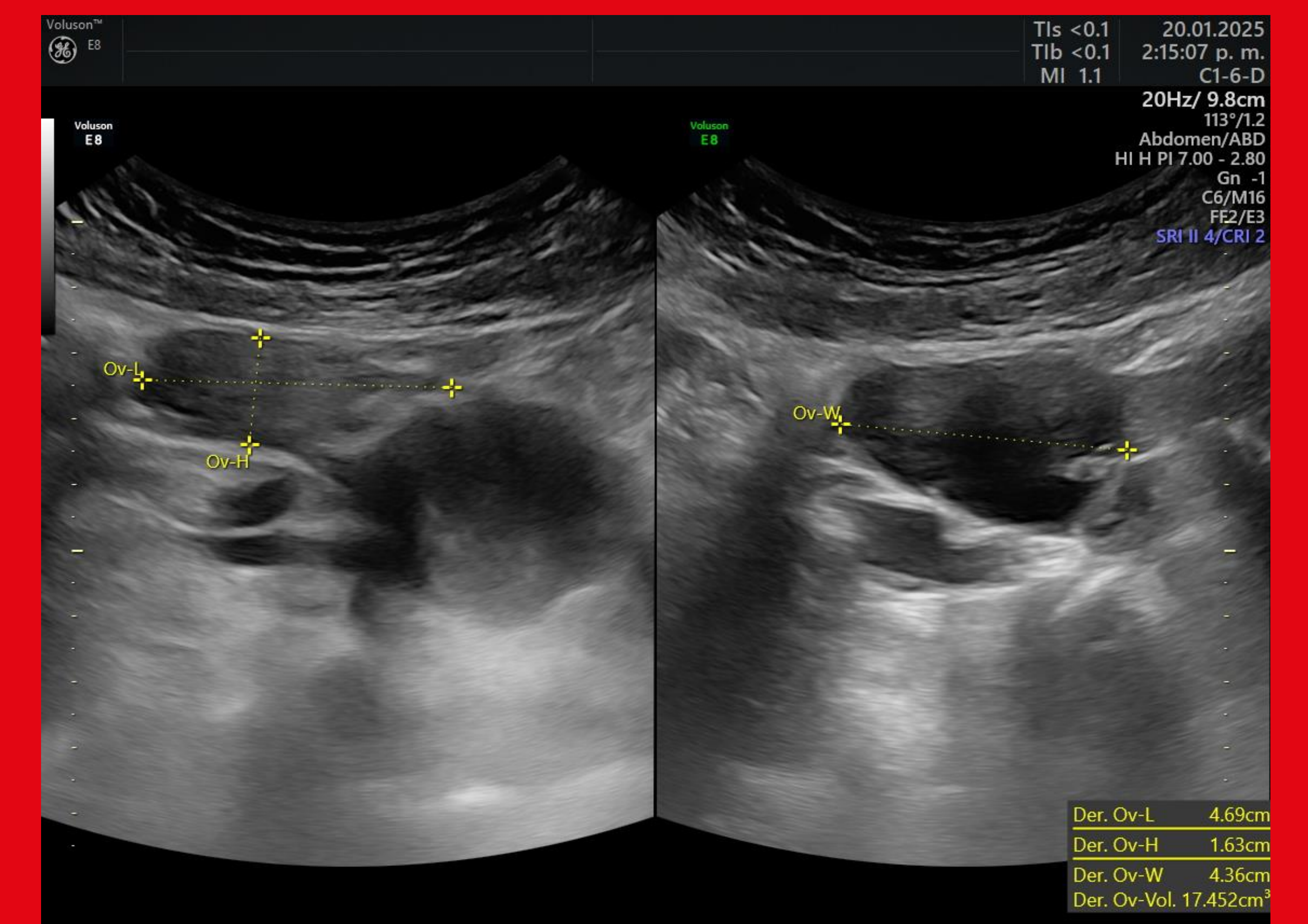


Figure 2. Adnexal mass on right ovary, transverse view.