



An exceptional case of pelvic inflammatory disease mimicking malignancy

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Case Study Background

- Multi disciplinary approach to treatment and investigation
- The importance of follow up imaging
- The value of ultrasound investigation for female pelvic pathology versus CT
- Rare appearances of pelvic inflammatory disease

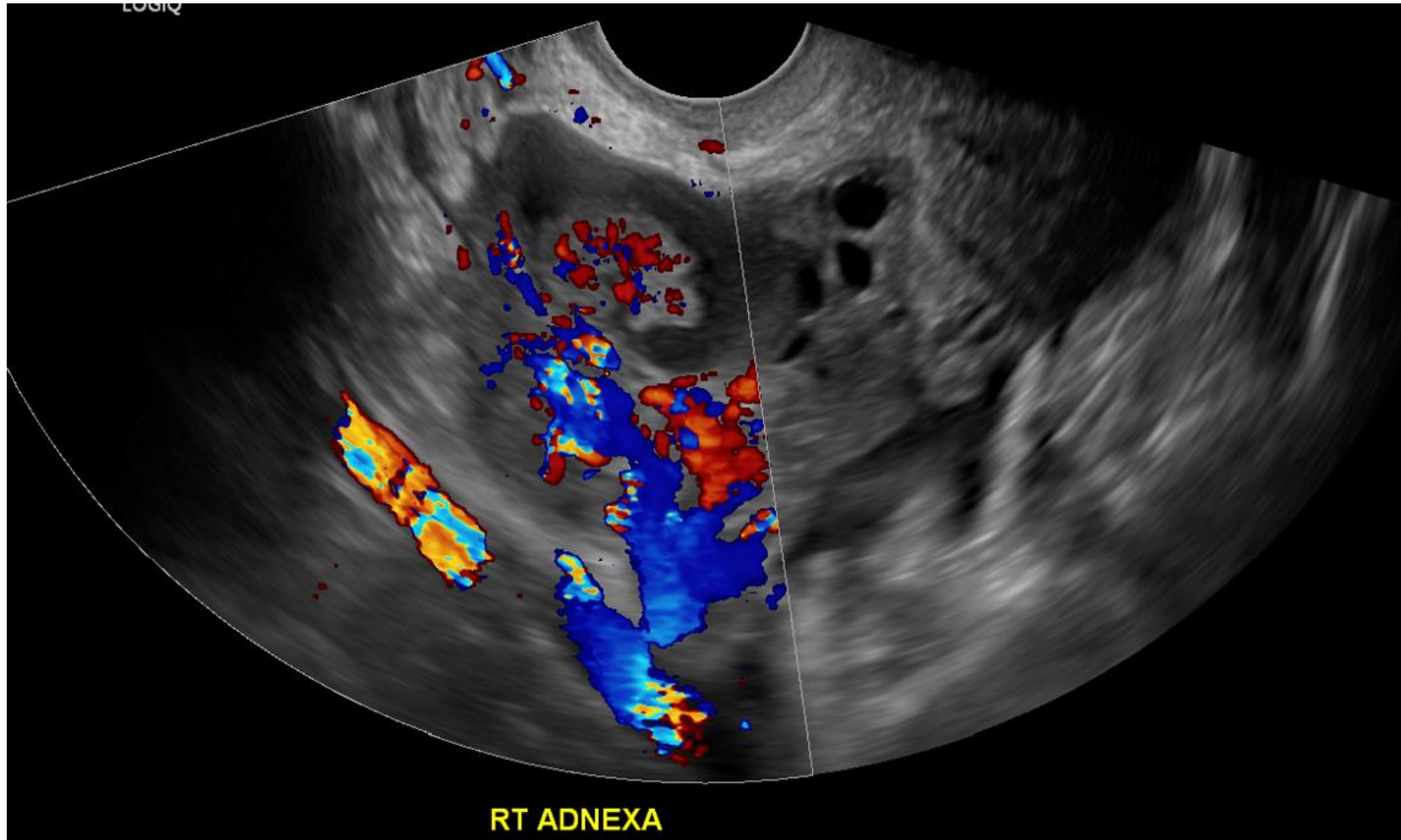
Patient Presentation

- Patient presented to A&E with right iliac fossa (RIF) pain
- Referral for pelvic ultrasound
- Clinical history: RIF pain, to rule out gynaecological pathology
- Transabdominal and transvaginal scans performed with verbal consent

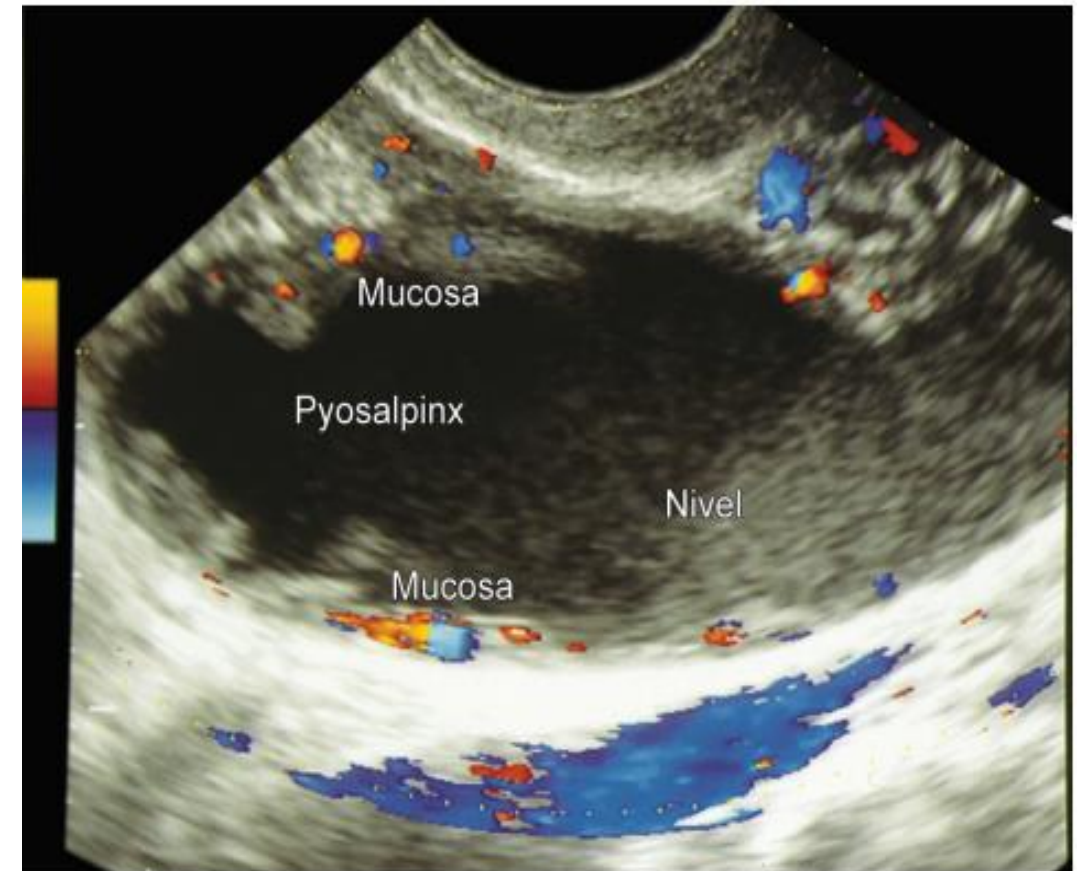
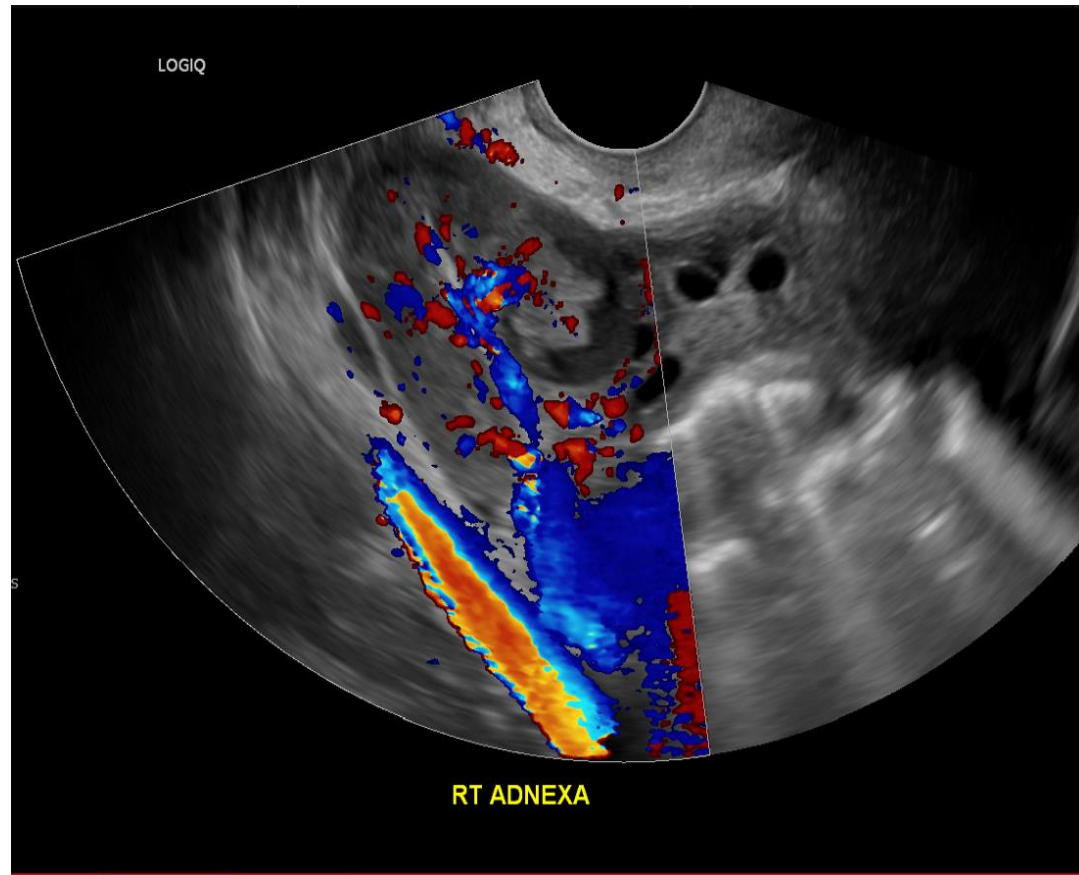
Ultrasound Findings



Ultrasound Findings



Ultrasound Findings



CT Report

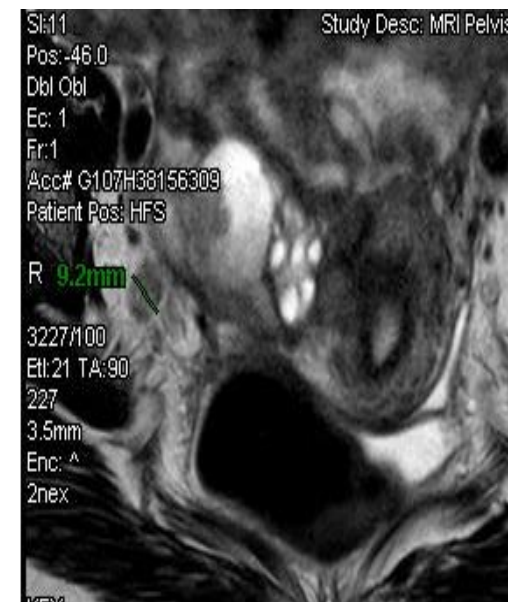
Right adnexal lesion better seen on ultrasound. The peritoneal and omental appearances are concerning however whether this is considered more likely to be malignant or reactive will depend on the results of the MRI and tumour markers.

CT Report

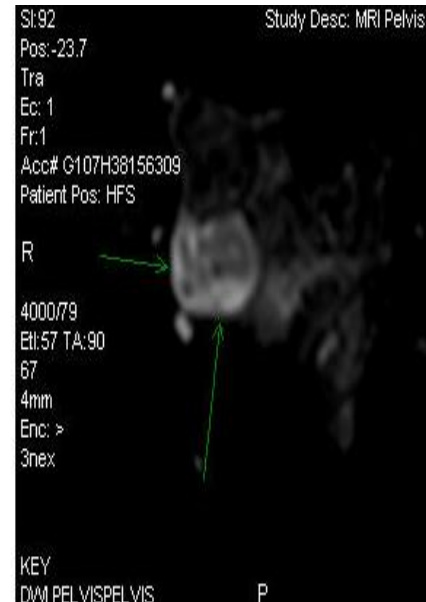
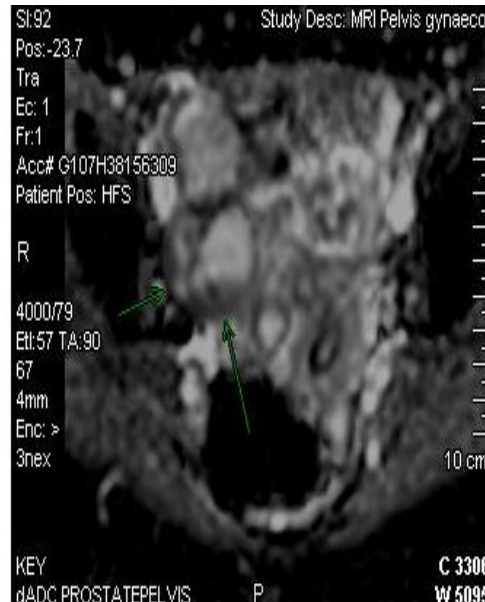


MRI Findings

Concerning appearances within the right adnexa. The right adnexal lesion is regarded as ORADS MRI 4. Gynae-oncology referral and MDT discussion recommended.



MRI Findings



MDT Discussion

- ORADS MRI 4: lesion with solid tissue, lesion with lipid content
- O-RADS MRI 4: ~50%; intermediate risk
- This case was listed for surgery due to a fallopian tube mass in the right adnexa.

Interim findings

Chlamydia!

Surgery postponed!

Follow-up MRI Findings

Resolution of previous right hydrosalpinx and suspicious nodules within this. Normal pelvic appearances now; other than some minor scarring likely due to the previous PID.

Conclusions

- Clinical correlation
- Clinical investigation
- Imaging

Questions?

