MSCT of Huge Abdominopelvic Masses in Female: A Pictorial Illustration

Radhiana Hassan¹, Azian AA¹, Ahmad Razali MR ¹, Kalavathy R², Suhaiza A³
¹ Department of Radiology, International Islamic University Malaysia, Kuantan, Pahang, Malaysia.
² Department of Pathology, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia.
³Department of O&G, International Islamic University Malaysia, Kuantan, Pahang, Malaysia.

Introduction

Large abdominopelvic masses in women may originate from the reproductive system, peritoneum or retroperitoneum and the differential diagnosis are extensive. Often, the diagnosis can be suggested on the basis of tumor location and anatomic landmarks. However, large masses (>5cm) posed a challenge to clinicians and radiologists in determining tumor origin. In these cases, it may not always be possible to differentiate between tumors. Establishing correct diagnosis and accurately staging these tumors are important especially when surgical resection can be an option. We illustrate different entities of huge abdominopelvic masses seen on MSCT to increase familiarity with its differential diagnosis.

References:

Discussion

The majority of large abdominopelvic masses in female patients represent common entities such as ovarian cysts, ovarian cancer, uterine and dermoid tumors. However, uncommon masses may also be encountered and be part of its differential diagnosis. It is important to note that uncommon presentation of common diseases is more common than the common presentation of rare diseases.

Conclusion

Familiarity with clinico-pathologic and imaging features is important and helpful for accurate image interpretation of huge abdominopelvic masses.