Location, location, location. A pictorial review of Endometriosis at our institution.

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Ovarian endometriomas
- Also called chocolate cysts
- Solitary or multiple, complex cystic masses with a thick wall
- Homogeneous hypointense signal intensity on T1 weighted (T1w) and fat saturated sequences
- T1 fat sat helps differentiate endometriomas from mature cystic teratomas
- Variable T2 signal intensity, but may have fibrous low T2 capsule

Deep pelvic endometriosis
- Secondary to peritoneal infiltration of endometrial deposits
- Symptomatically worse
- MRI useful for imaging of deep infiltrating endometriotic lesions and pre operative planning

Surgical treatment is advised for ovarian endometriomas and deep pelvic endometriosis with joint surgery often performed.

Medical therapy is recommended for superficial disease and symptomatic relief.

MR shows the extent of local disease as well as activity and distant disease. It is important to review these cases at joint radiology, gynaecology and surgical meetings. This is held twice monthly at our institution.

We reviewed the last 12 months of MR imaging in those cases presented locally at the Endometriosis MDT meeting at our district general hospital.

We present a pictorial essay to show extent of pelvic disease as well as urinary tract, GI tract and pleural involvement.

Superficial endometriosis
- Superficial plaques are scattered across the peritoneum, ovaries and uterine ligaments
- Fairly mild symptoms
- Usually undetectable on MR or can appear as haemorrhagic cysts
- Haemorrhagic cysts show high signal intensity on T1w images and low signal intensity on T2w images

Extra-abdominal locations
- Abdominal wall endometriosis is the most common location of extra-pelvic endometriosis and usually occurs after Caesarean section
- Chest: this is fairly uncommon and usually right sided. It is usually in the context of longstanding pelvic endometriosis
- Cutaneous disease such as scar endometriosis, around the vulva via the round ligament or in the inguinal area

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