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Picking the black hat in the ovarinomas - Imaging differentiation of the malignant and benign ovarian lesions

Avni Skandhan

Aster MIMS Kotakkal, India

Ovarian masses are a common finding in routine clinical practice, with many of them being incidentally detected and some identified in symptomatic patients. Ovarian neoplasms may be benign, borderline or malignant. Characterization of an ovarian lesion is of utmost importance, to plan adequate therapeutic management. A multidisciplinary approach, based on physical examination, laboratory tests and imaging techniques must be undertaken. An important issue to consider in the management of ovarian masses is that they are very common, but most of them are benign and only a small part is borderline or malignant. Preoperative biopsy should not be performed in ovarian masses, particularly if the mass appears to be surgically resectable now, as this invasive procedure raises the risk of spreading cancer cells and potentially leads to iatrogenic upstaging worsening the prognosis. Pre-operative assessment is a diagnostic challenge. Characterization of an ovarian mass is of the utmost importance in the preoperative evaluation of an ovarian neoplasm. Diagnostic imaging plays a crucial role in detection, characterization and staging of adnexal masses. Ultrasound (US) is often the first imaging study performed in the evaluation of a suspected ovarian lesion because it's widely available, well accepted by patients, non-invasive and of low cost. A combination of greyscale and colour Doppler features, obtained with transabdominal and/or endovaginal scanning, allow for investigation of both morphological structure and vascular organization of the ovarian mass. 18F-FDG PET/CT is being increasingly used and its role in the evaluation of ovarian tumours appears to be crucial in the postoperative follow-up of patients with suspected recurrence. Positron emission tomography - computed tomography (PET/CT) is not usually performed in the initial evaluation of these patients, mostly because it may lead both to false-positive and false-negative results. Several benign lesions, particularly teratomas and endometriomas, may show FDG (fluorodeoxyglucose) uptake, whereas small (<1 cm), necrotic and low-grade tumour may not. However, finding an increased FDG uptake in postmenopausal women has always to be considered an abnormality. Magnetic resonance imaging (MRI) is an essential problem-solving tool to determine the site of origin of a pelvic mass and then to characterize an adnexal mass, especially in patients with indeterminate lesions. MRI is also reliable in detecting local invasion. The main advantages of MRI are the high contrast resolution with excellent soft tissue contrast and lack of ionizing radiation exposure, which is particularly important in young female patients.

avniskandhan@gmail.com