# A Case of the 10 days

## Case 353

A twenty-year-old female presented in our hospital for abdominal pain and vomiting a few times from this morning. She experienced physiologic menstruation beginning from the previous day. She took abdomen CT (Figs. 1-3) and thereafter, followed by pelvic MRI (Figs. 4-7).

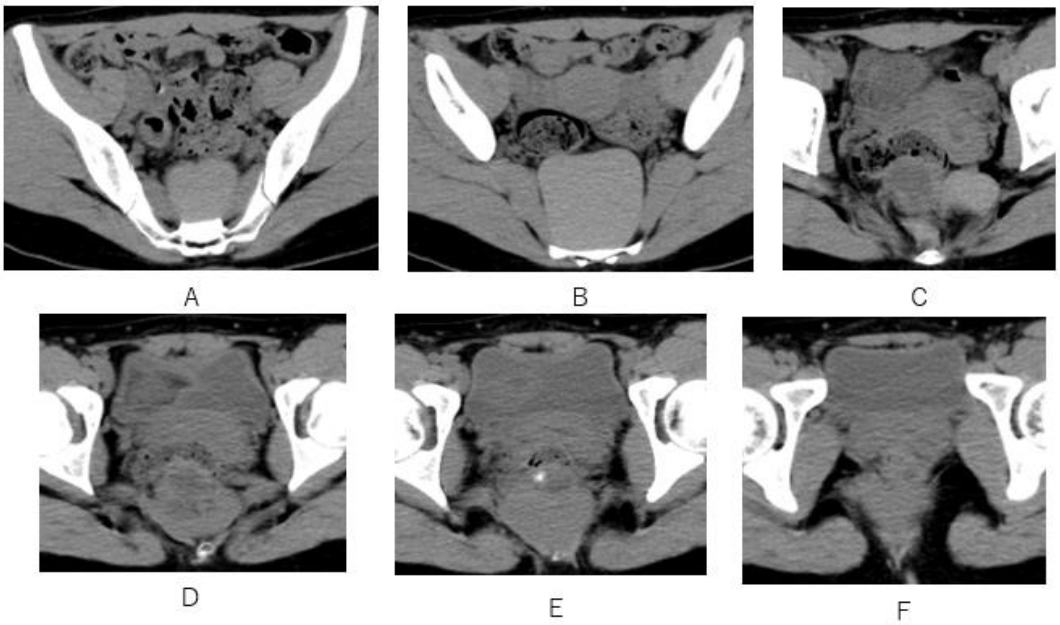
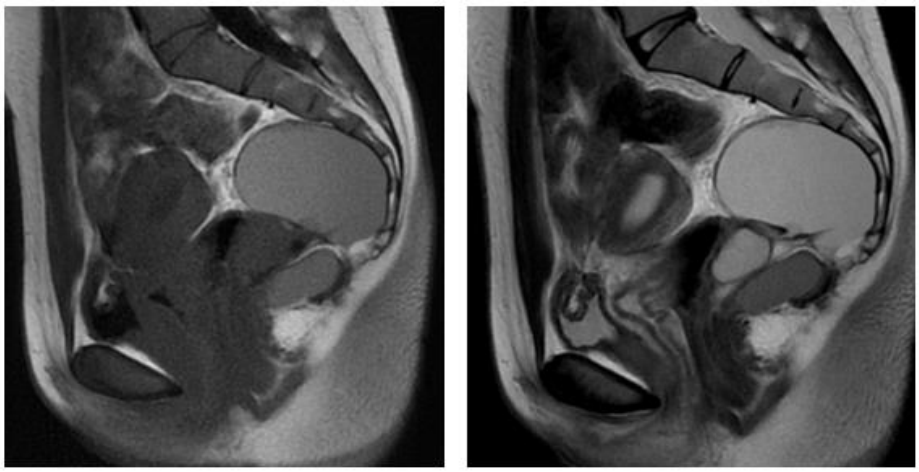



Fig. 1 A multi-cystic lesion composed of a homogeneous iso-attenuation cyst (A, B, D-F), low-attenuation cysts (C-E) with calcification (E) is depicted between rectum and sacrum bone on pelvic CT.


Fig.2 A multi-cystic lesion composed of a homogeneous iso-attenuation cyst (A-C), low-attenuation cysts (A-C) with calcification (A) is depicted on coronal CT.

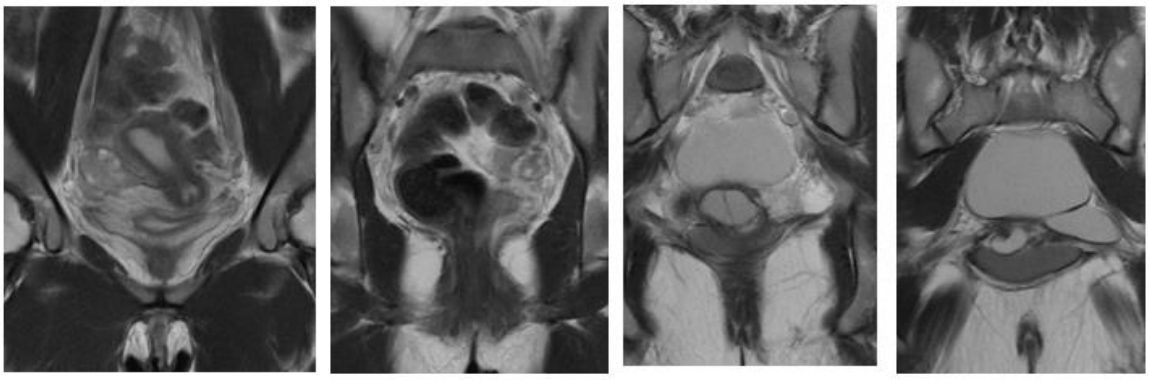
A B C

Fig.3 A multi-cystic lesion composed of a homogeneous iso-attenuation cyst (A-C), low-attenuation cysts (A-C) with calcification (A) is depicted between rectum and sacrum bone on pelvic CT(A-C).



A B

Fig.4 Sagittal MRI T1WI (A) and T2WI (B) depict a multi-cystic lesion between rectum and sacrum. Fluids of three cystic lesions own different signal intensity, indicative of different fluid quality.



A B C D

Fig.5 A multi-cystic lesion (C, D) situating behind uterus (A) and rectum (B) is depicted on coronal MRI with T2WI.

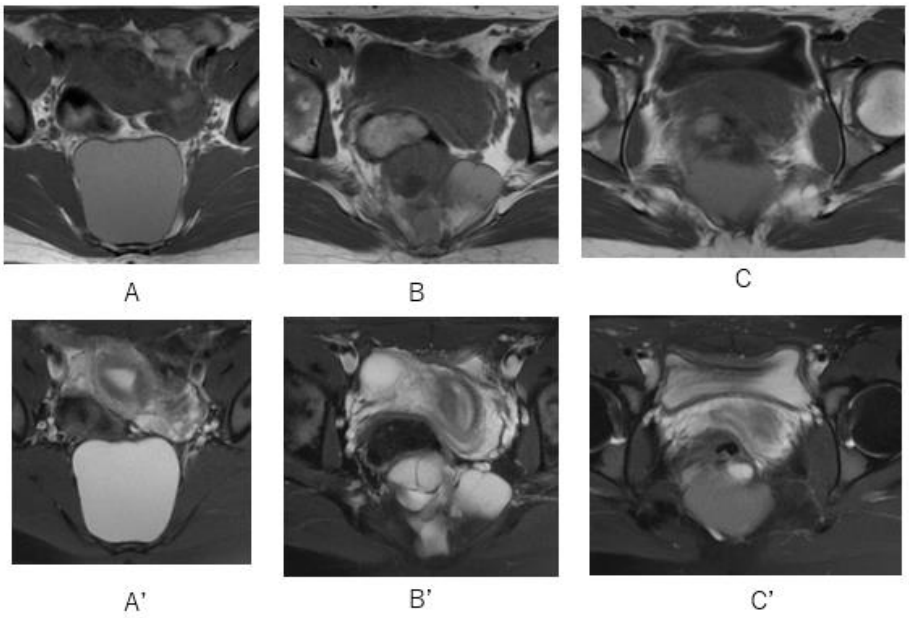



Fig.6 A multi-cystic lesion whose signal intensity differs in each is depicted on axial MRI with T1WI (A-C) and fat suppression T2WI (A'-C').

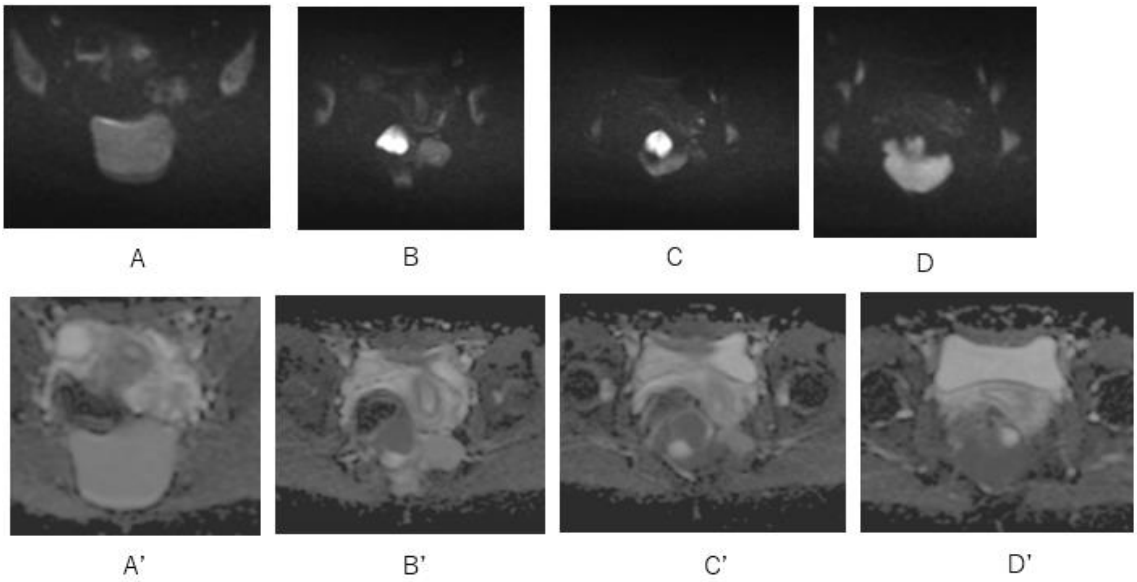



Fig.7 Diffusion WI (A-D) and its ADC mapping (A'-D') depict a multi-cystic lesion whose each cyst indicates to own different signal intensity and different ADC values: 0.524-0.644-1.204, indicative of different fluid quality.

# What is possible imaging diagnosis?

1. **Pelvic endotheliomas**
2. **Pelvic neurinoma**
3. **Pelvic hemangioma**
4. **Tail gut cyst**
5. **Chordoma**

answer

2024.9.13