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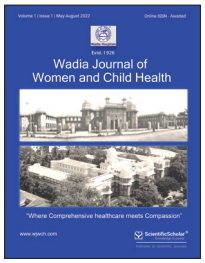

Clinical Image

Accessory and cavitated uterine mass – A rare mullerian anomaly

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A 28-year-old female presented with left iliac fossa pain since 1 year with dyspareunia and dysmenorrhea. Ultrasound [Figure 1] showed an intramural lesion with single cavity and ground glass contents. Contrast-enhanced computed tomography of pelvis [Figure 2] showed a thick walled cavitated lesion in the left uterine wall just below the left cornu. Magnetic resonance imaging (MRI) of pelvis [Figure 3] showed T1 hyperintense and T2 hypointense contents within the lesion showing T2 shading. Capsule appeared hypointense on T2. These

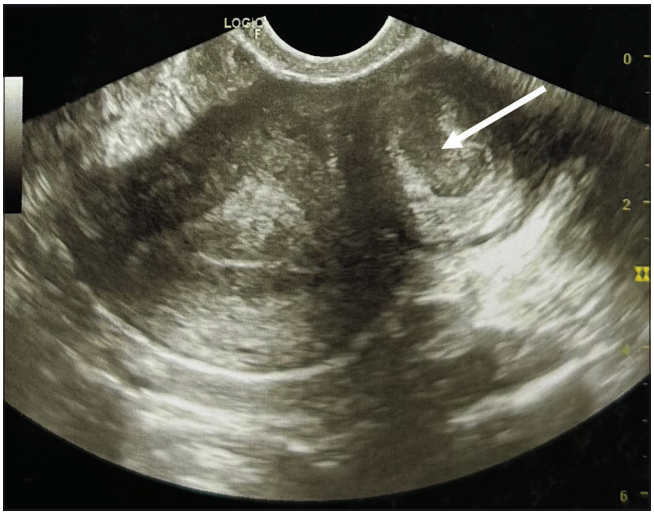

Figure 1: Ultrasound image showing central single cavitatory lesion with ground glass contents (white arrow).

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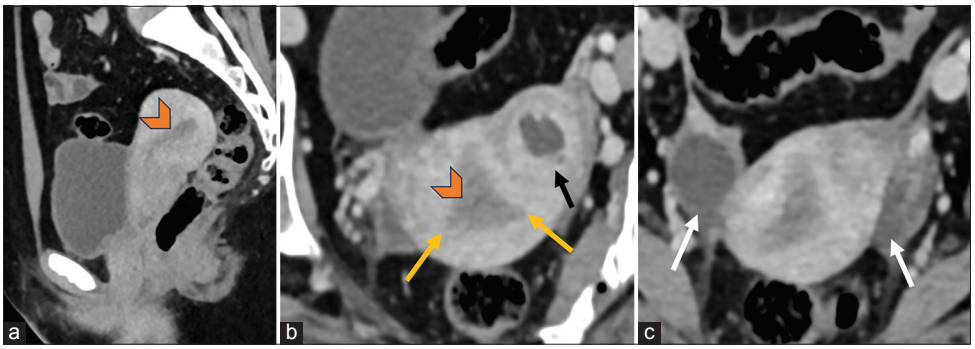

Figure 2: Contrast-enhanced sagittal computed tomography image (a) shows normal uterus with endometrial cavity labelled in orange arrowheads in a and b. (b) Axial image shows a cavitated mass (black arrow) in left uterine wall below left uterine cornua (yellow arrows). (c) Axial image shows normal ovaries placed lateral to uterus (white arrows).

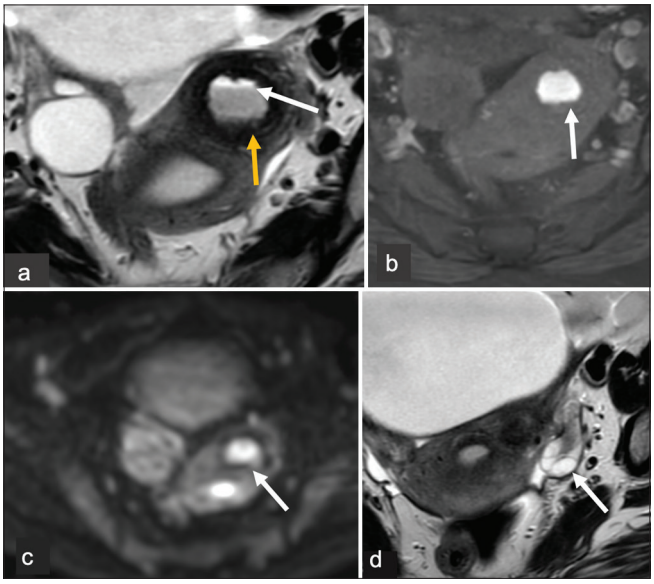

Figure 3: (a) Axial T2W image showing T2 shading sign (white arrow) in the cavitary lesion with T2 hypointense rim (yellow arrow). (b) Axial T1 image showing T1 hyperintense contents within the lesion (white arrow). (c) Axial DWI image shows diffusion restriction within the contents (white arrow). (d) Left ovary (white arrow) is seen separate from the lesion.

features were suggestive of accessory cavitated uterine mass. It is characterized by a non-communicating cavity lined by endometrium and surrounded by a uterine smooth muscle, similar to uterine structure. It is hypothesized to be a Mullerian anomaly attributed to duplication and persistence of a segment of Mullerian duct at the level of round ligament attachment. The uterus, fallopian tubes, and ovaries were normal. MRI helps in assessing the uterine wall in its entirety. Management is complete surgical excision of the mass, preferably laparoscopically, to provide complete relief of symptoms.

Ethical approval

Institutional Review Board approval is not required.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

Use of artificial intelligence (AI)-assisted technology for manuscript preparation

The authors confirm that there was no use of artificial intelligence (AI)-assisted technology for assisting in the writing or editing of the manuscript and no images were manipulated using AI.