



UNIVERSITÀ  
DEGLI STUDI  
FIRENZE

## FLORE

# Repository istituzionale dell'Università degli Studi di Firenze

### **Sonographic diagnosis of a large and deep endometrioma of the uterine cervix.**

Questa è la Versione finale referata (Post print/Accepted manuscript) della seguente pubblicazione:

*Original Citation:*

Sonographic diagnosis of a large and deep endometrioma of the uterine cervix / Coccia ME;Rizzello F;Castellacci E;Cammilli F. - In: JOURNAL OF CLINICAL ULTRASOUND. - ISSN 0091-2751. - ELETTRONICO. - 38:(2010), pp. 209-211. [10.1002/jcu.20677]

*Availability:*

This version is available at: 2158/781231 since:

*Published version:*

DOI: 10.1002/jcu.20677

*Terms of use:*

Open Access

La pubblicazione è resa disponibile sotto le norme e i termini della licenza di deposito, secondo quanto stabilito dalla Policy per l'accesso aperto dell'Università degli Studi di Firenze (<https://www.sba.unifi.it/upload/policy-oa-2016-1.pdf>)

*Publisher copyright claim:*

(Article begins on next page)

## Case Report

# Sonographic Diagnosis of a Large and Deep Endometrioma of the Uterine Cervix

Maria Elisabetta Coccia, MD, PhD, Francesca Rizzello, MD, Eleonora Castellacci, MD, Fiamma Cammilli, MD

Department of Gynaecology Perinatology and Human Reproduction, University of Florence, Viale Morgagni, 85, 50100 Florence, Italy

Received 3 February 2009; accepted 5 January 2010

**ABSTRACT:** We present a rare case of endometriosis of the cervix. Transvaginal sonography showed a 35-mm cyst in the cervix with diffuse, low-level internal echoes. Transvaginal sonography-guided aspiration with a 17-gauge needle was performed, yielding a very thick chocolate-colored fluid. Cytological examination of the fluid revealed the presence of endometrial cells. Symptoms resolved after aspiration and no recurrence has developed. © 2010 Wiley Periodicals, Inc. *J Clin Ultrasound* 00:000–000, 2010; Published online in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/jcu.20677

**Keywords:** endometriosis; ultrasound; transvaginal aspiration; uterus; cervix

Endometriosis is characterized by the presence of endometrial tissue (including glands and stroma) outside the uterus. It is a common condition occurring in 6 to 10% of the general female population.<sup>1</sup> Extrapelvic disease occurs in 12% of patients with endometriosis and endometriosis of the uterine cervix is estimated at 0.1... 2.4% of all endometriotic localizations.<sup>2</sup> This rare localization may be totally asymptomatic or associated with nonspecific findings like postcoital or intermenstrual bleeding.<sup>2</sup>

In this article, we present a rare case of large cervical endometrioma diagnosed by transvaginal ultrasound (TVUS) and treated by TVUS-guided drainage. Pathogenesis, differential diagnosis, and management options of cervical endometriomas are also discussed.

## CASE REPORT

A 33-year-old Caucasian woman complained of dyspareunia and postcoital bleeding for a duration of 8 months. She had a history of infertility and irregular periods. A cervical smear performed 1 year previously was normal. The gynecological examination provoked pain and revealed a mass of approximately 3 cm in diameter, arising from the cervix. The vagina appeared normal. The cervix was deformed by a mass covered with intact mucosa but showed a normal ostium and no evidence of superficial lesions. TVUS was performed using an Aloka 1700 scanner and an endovaginal transducer of 6.5 MHz (Aloka, Tokyo, Japan). TVUS showed a normal uterine body and ovaries, while the posterior lip of the cervix contained a 35-mm round-shaped cyst with homogeneous internal low-level echoes, without papillary proliferations or internal septa, and with a clear demarcation from the adjacent normal cervical tissue (Figure 1). On color Doppler examination, neither intracystic nor peripheral flow was observed. The sonographic appearance was consistent with an endometrioma.<sup>3</sup>

TVUS-guided transvaginal needle aspiration with a 17-gauge, 35-cm-long needle (Cook, Spencer, IN) yielded a thick, chocolate-like fluid. Neither analgesic drugs nor prophylactic antibiotics were administered during or before the procedure.

Complete drainage was achieved through continuous flushing and re-aspiration using a 60 ml syringe containing 10 ml of a 5% glucose solution. Aspiration continued until the cyst had completely collapsed and a total of 7 mL was collected.

Cytological examination of the aspirated fluid revealed the presence of endometrial cells.

---

Correspondence to: M. E. Coccia

© 2010 Wiley Periodicals, Inc.



) / 2 5 (   
 5 H S R V L W R U \ L V W L W X ] L R Q D O H G H O O   
 G L ) L U H Q ] H

6 R Q R J U D S K L F G L D J Q R V L V R I D O D U J H D Q G G H H S H Q G R P   
 X W H U L Q H F H U Y L [

4 X H V W D <sup>a</sup> O D 9 H U V L R Q H I L Q D O H U H I H U D W D 3 R V W S U L Q W \$ F F H S W H G P D Q X V F U

Original Citation:

6 R Q R J U D S K L F G L D J Q R V L V R I D O D U J H D Q G G H H S H Q G R P H W U L R P D R I W K H X W   
 ) & D V W H O O D F F L ( & D P P L O O L ) , Q - 2 8 5 1 \$ / 2 ) & / , 1 , & \$ / 8 / 7 5 \$ 6 2 8 1 ' , 6 6 1   
 S S > M F X @

Availability:

7 K L V Y H U V L R Q L V D Y D L O D E O H D W V L Q F H

Published version:

DOI: M F X

Terms of use:

2 S H Q \$ F F H V V

/ D S X E E O L F D ] L R Q H <sup>a</sup> U H V D G L V S R Q L E L O H V R W W R O H Q R U P H H L W H U P L Q L G H   
 V W D E L O L W R G D O O D 3 R O L F \ S H U O D F F H V V R D S H U W R G H O O 8 Q L Y H U V L W  $\phi$  G H J   
 K W W S V Z Z Z V E D X Q L I L L W X S O R D G S R O L F \ R D S G I

Publisher copyright claim:

(Article begins on next page)