

# THE MRI CENTERS OF NEW ENGLAND



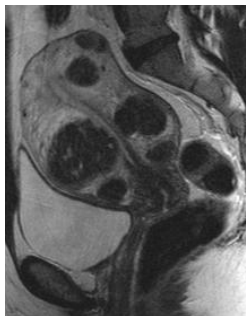
**Janet Hope Sherman, MD, MA**  
MRI •MRA •MRV Radiologist

## **OB/GYN - Uterine Fibroids and Adenomyosis**

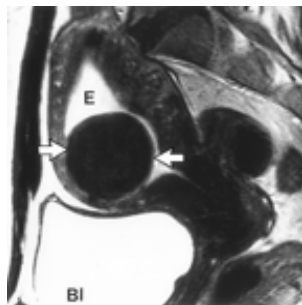
Magnetic resonance imaging, MRI, uses radio waves and a strong magnet, to take pictures of the body, without radiation. Dr. Janet Hope Sherman completed her radiology residency and MRI fellowship at New England Deaconess Hospital, Beth Israel Hospital, and Harvard Medical School. Magnetic resonance angiography, MRA, without contrast, can be performed safely, regardless of kidney function.

MRI aids diagnosis of a variety of gynecological conditions. Uterine fibroids are very common benign tumors which arise from the muscular wall of the uterus. A wide range of treatment options exist, when therapy or intervention is medically necessary. Fibroids may be seen within the uterine wall (myometrium), or may extend into a submucosal location, as in the well defined 2<sup>nd</sup> example imaged below. Subserosal extension also occurs. MRI may complement ultrasound, when warranted, and aids in differentiation of ovarian versus uterine origin of subserosal or pedunculated fibroids.

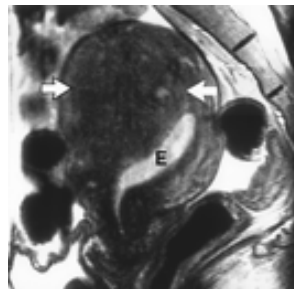
Uterine adenomyosis is common. Endometrial glands and stroma are seen in the myometrium (uterine muscle). The appearance of adenomyosis may be varied. Smooth muscle hyperplasia produces areas of low signal on MRI. Differentiation of adenomyosis from leiomyoma (fibroid) is important, especially as treatment options differ. Adenomyosis typically has poorly defined borders and minimal mass effect, may be elliptical instead of globular in shape, and lacks large vessels along its margins. Thickened junctional zone and myometrial cysts may be seen, as in the 4th example below.



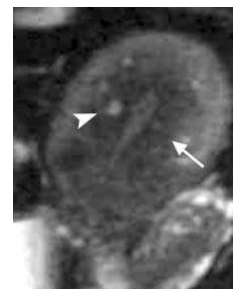
Multiple fibroids



Uterine Fibroid



Adenomyosis



Cystic Adenomyosis

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