

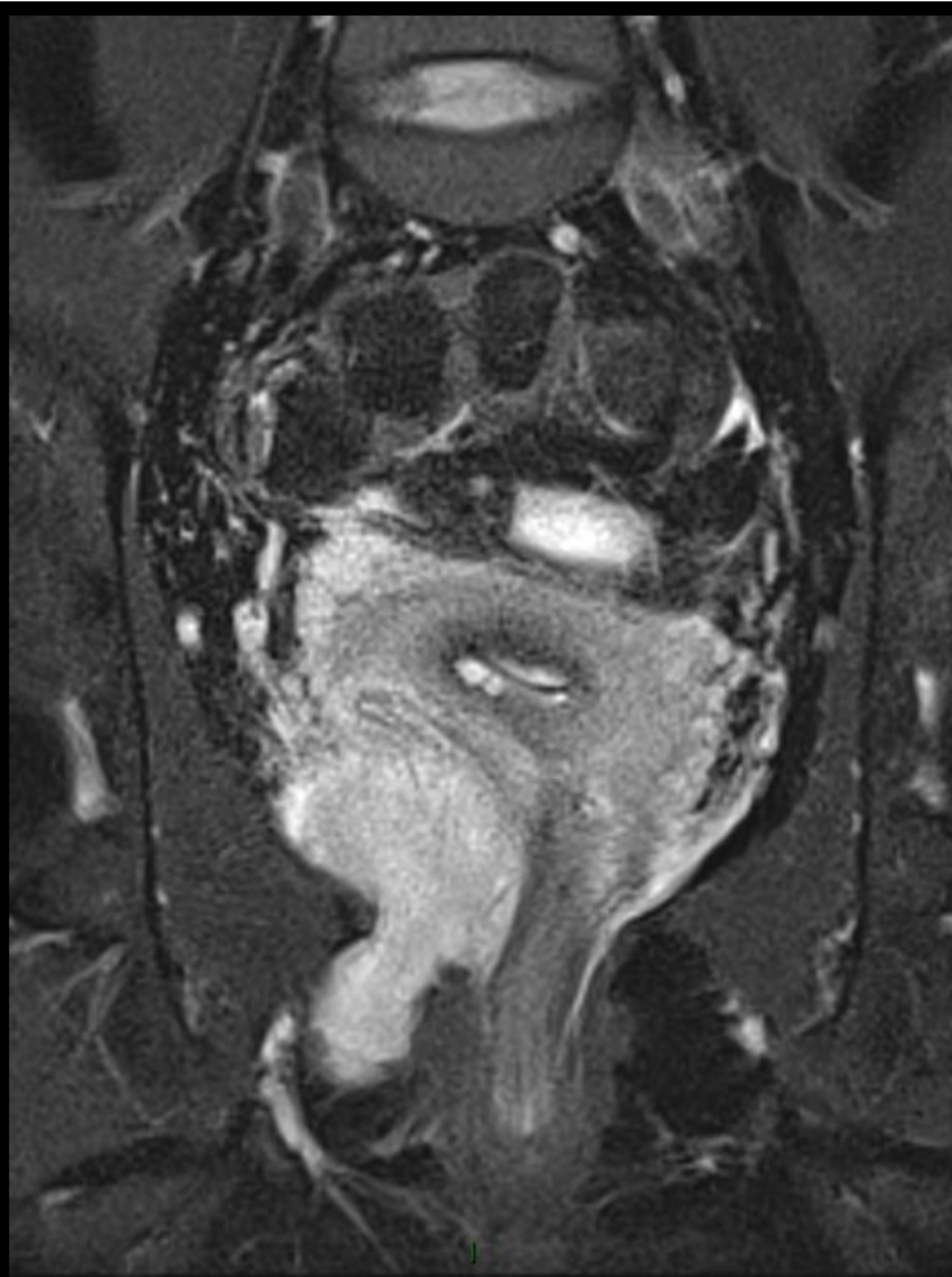
Genitourinary Best Case

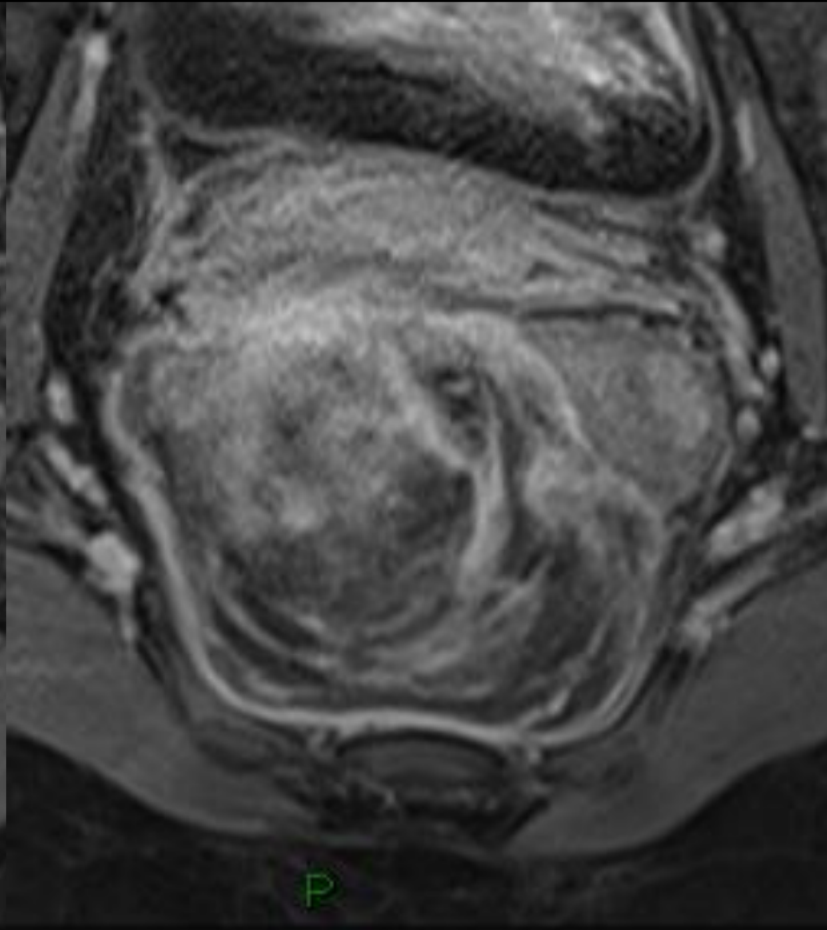
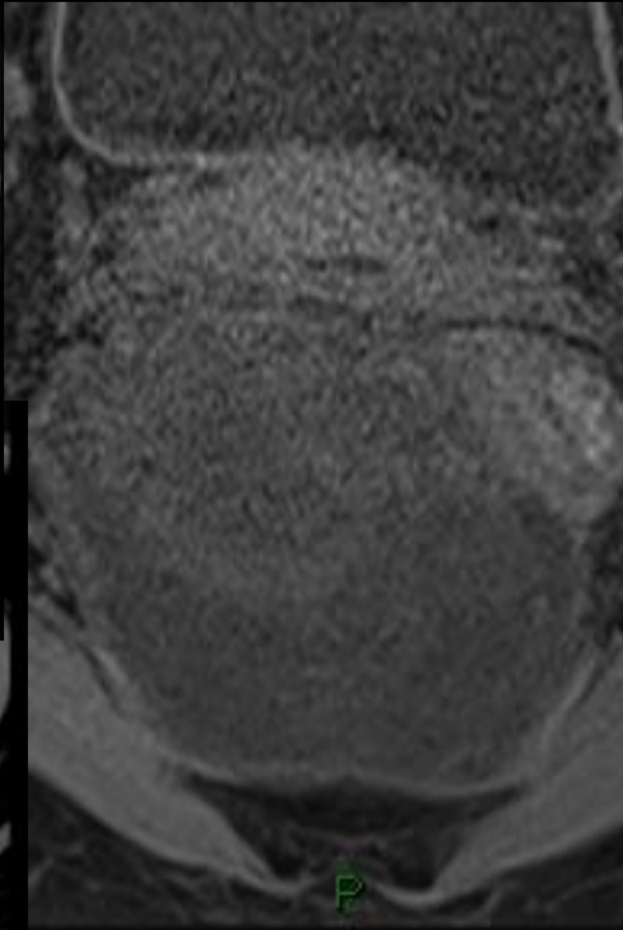
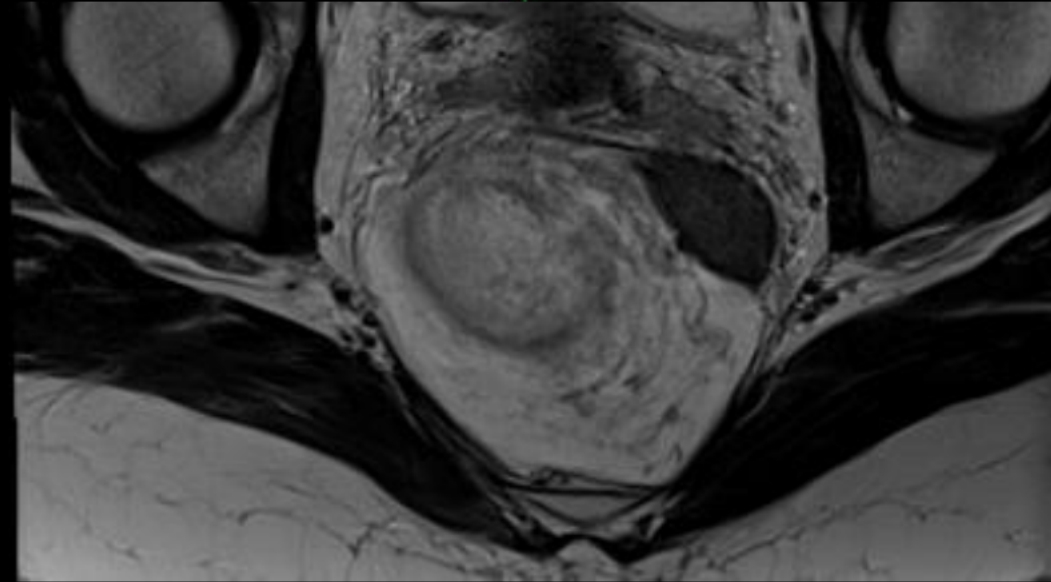
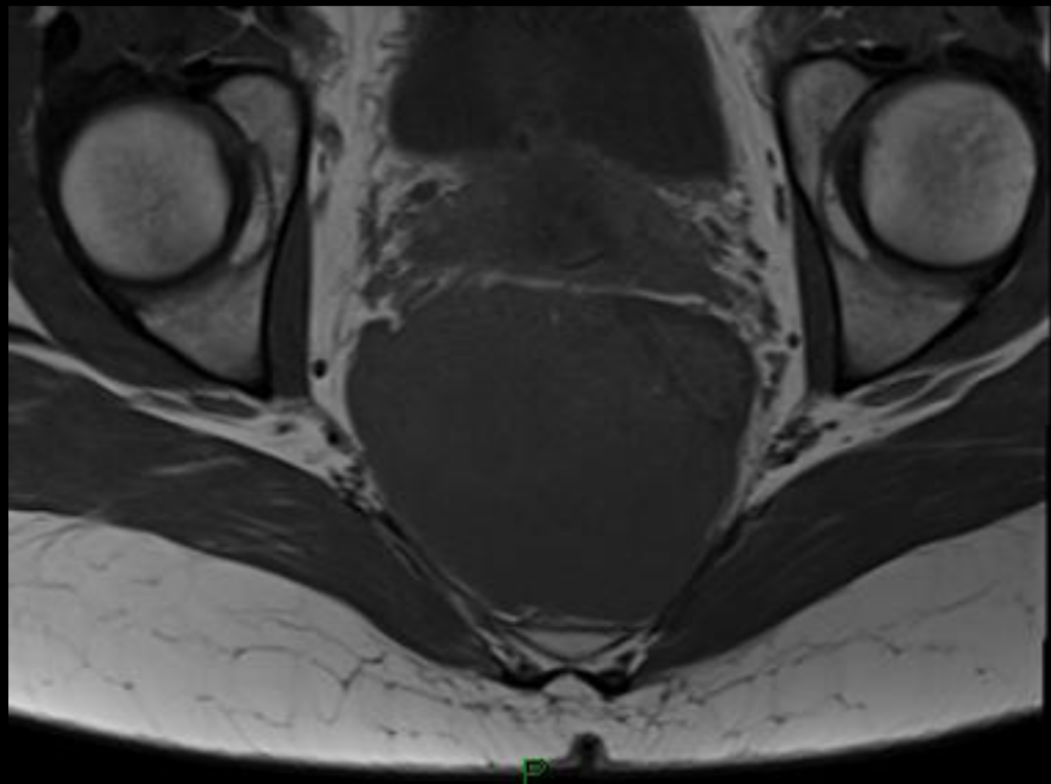


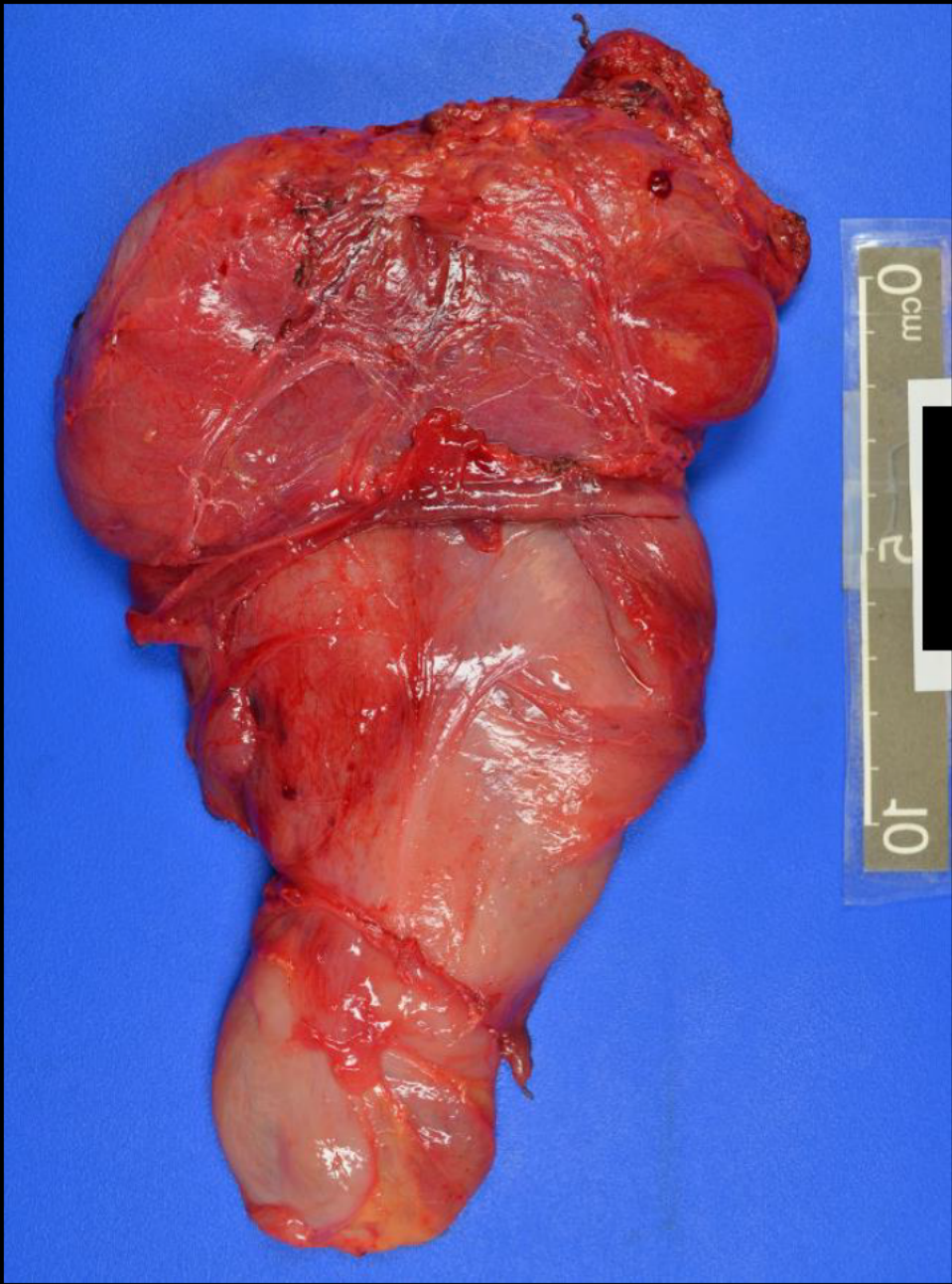
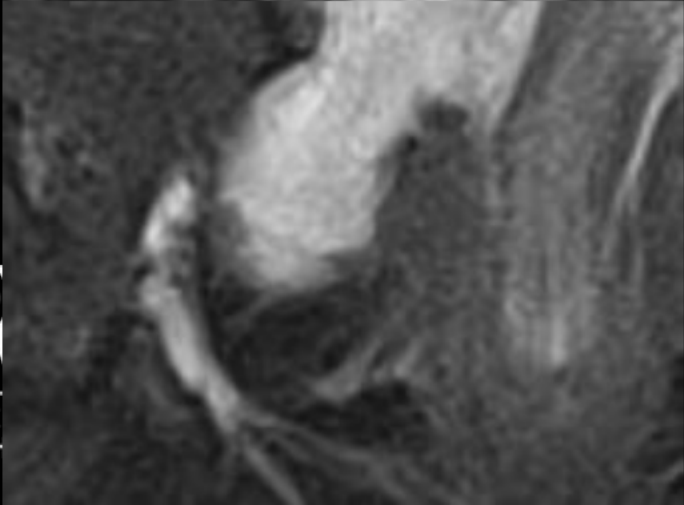
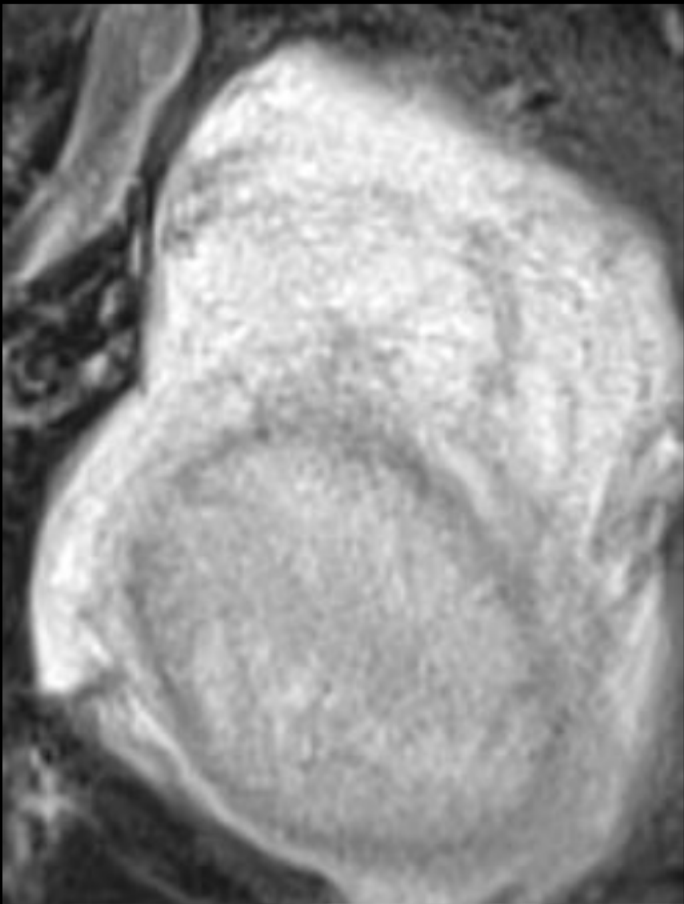
Clinical Information

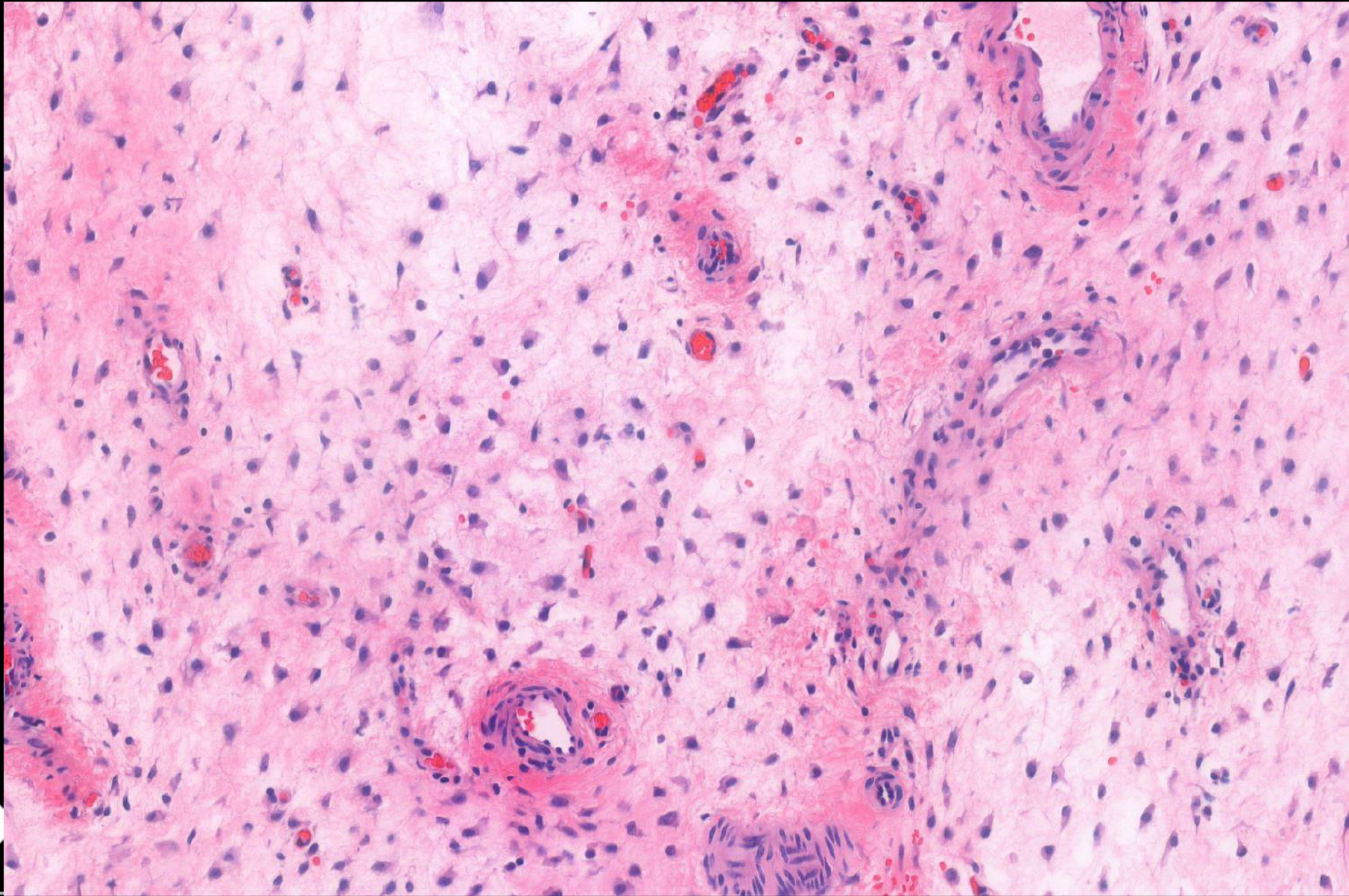
34-year-old otherwise healthy female with history of C-section x 3, laparoscopic cholecystectomy, and periumbilical hernia repair who presented to her OB/GYN with approximately 1 month of right lower quadrant pain after one of her children bumped her abdomen while in the swimming pool. Evaluated by OBGYN with TVUS, followed by CT abdomen/pelvis with contrast, followed by MRI pelvis with contrast prior to referral to colorectal surgery at our institution.





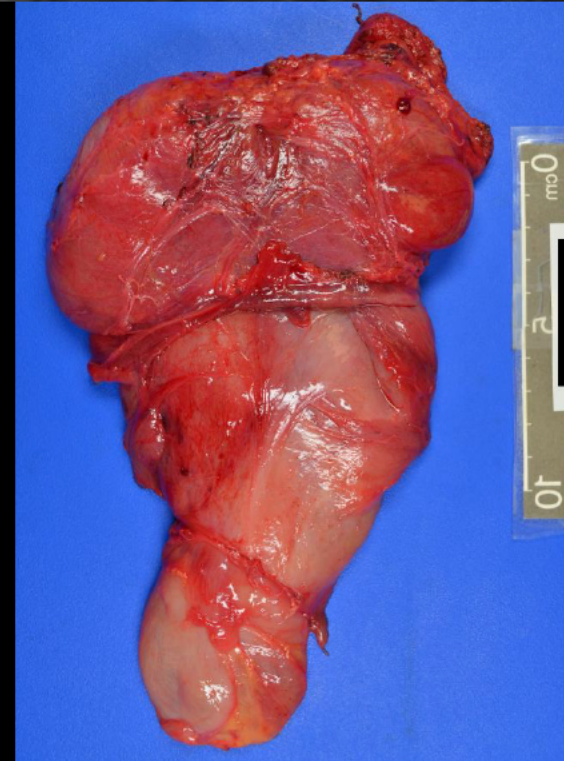
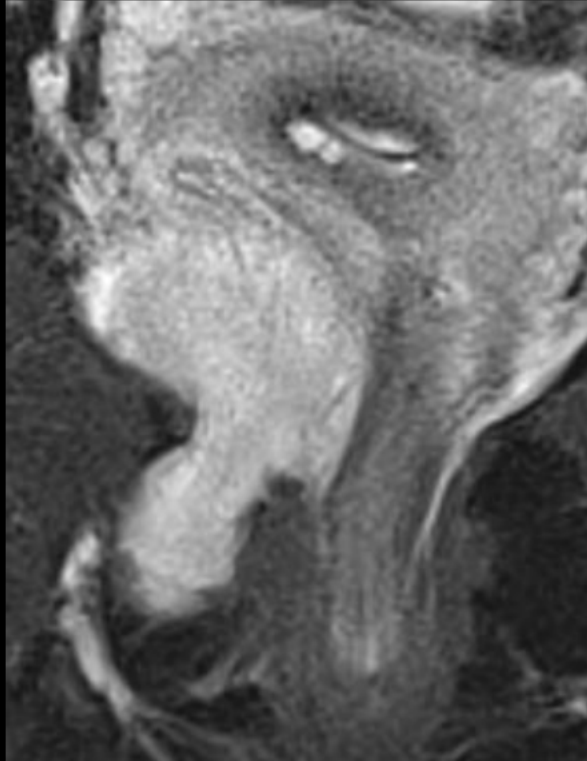
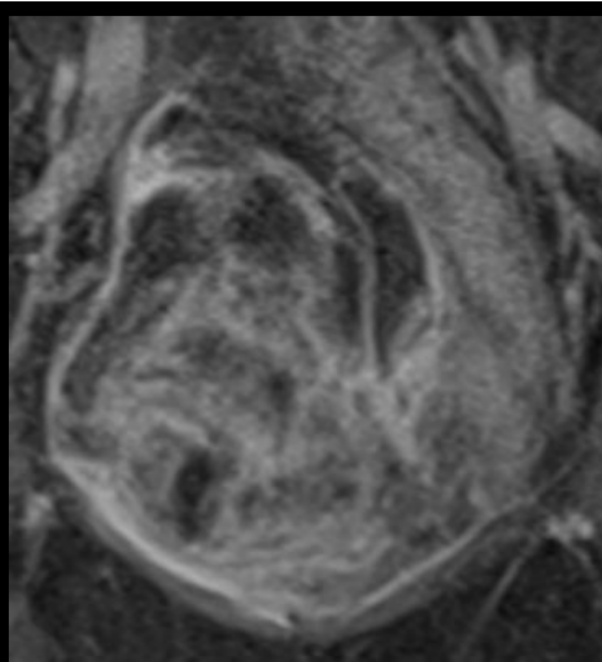
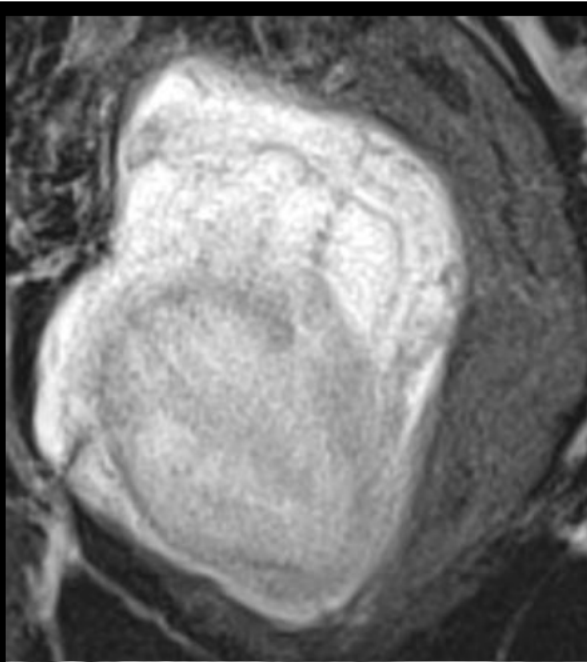






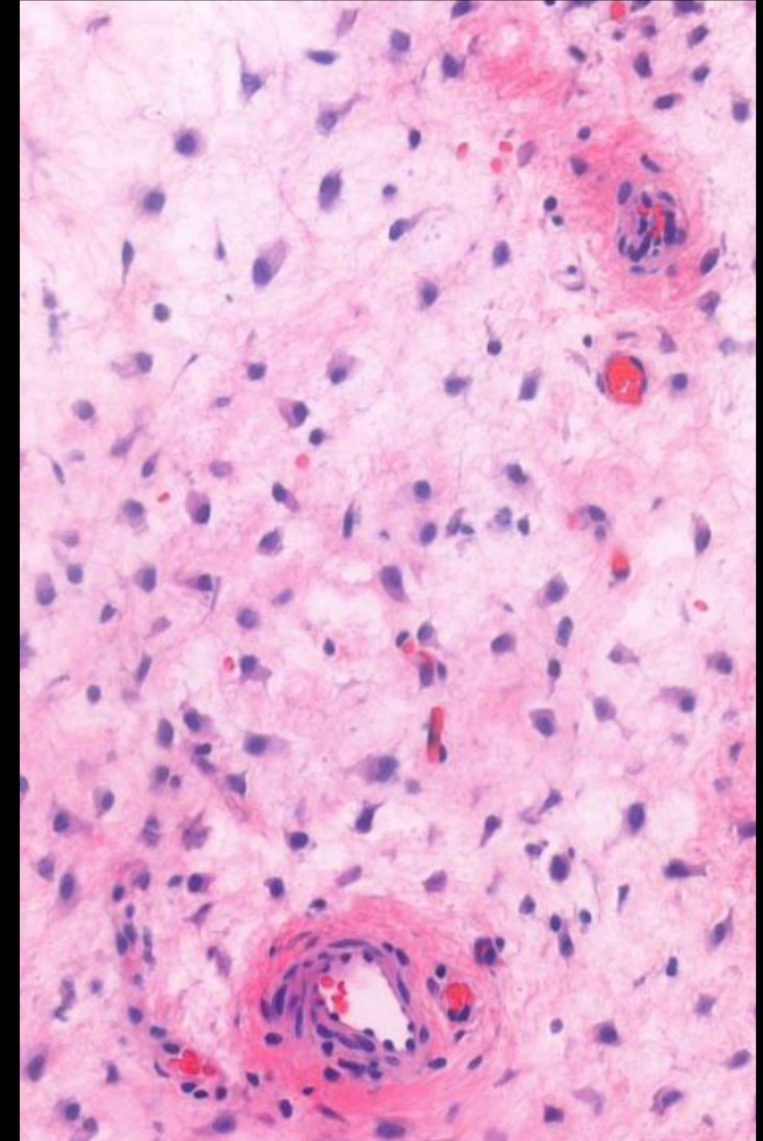
AIRP

ACR INSTITUTE FOR
RADIOLOGIC PATHOLOGY



Aggressive Angiomyxoma:

- T2 bright with internal T2 dark fibrovascular bands
- Enhancing fibrovascular bands
- Extension through levator ani musculature
- Spindle to stellate cells with delicate cytoplasmic processes, bland myxoid stroma, variably sized vessels



Aggressive “Deep” Angiomyxoma