

Carcinoma dell'Endometrio: Approccio multidisciplinare  
Sabato 9 febbraio 2019

# TC ED RM NELLE NEOPLASIE DELL'UTERO

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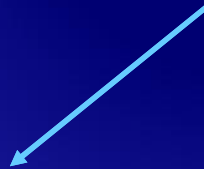
Sintomi clinici – Visita ginecologica di I livello



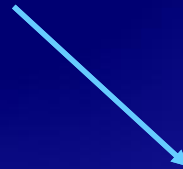
Visita ginecologica/Ecografia di II livello



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RM



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## PRINCIPLES OF IMAGING<sup>a,1-9</sup>

### Initial Workup

- **Non-Fertility-Sparing Treatment**
  - ▶ Consider chest imaging (chest x-ray). If an abnormality is seen then chest CT without contrast may be performed.
  - ▶ Consider pelvic MRI to establish the origin of the tumor (endocervical vs. endometrial) and assess local disease extent.
  - ▶ For high-grade carcinoma,<sup>b</sup> consider chest/abdominal/pelvic CT to evaluate for metastatic disease.
  - ▶ For patients who underwent TH with incidental finding of endometrial cancer or incompletely staged with uterine risk factors,<sup>c</sup> consider chest/abdominal/pelvic CT to evaluate for metastatic disease.
  - ▶ Consider whole body PET/CT if metastasis is suspected in select patients.
  - ▶ Other initial imaging should be based on symptomatology and clinical concern for metastatic disease.<sup>d</sup>
- **Fertility-Sparing Treatment**
  - ▶ Pelvic MRI (preferred) to exclude myoinvasion and assess local disease extent; pelvic transvaginal ultrasound if MRI contraindicated.
  - ▶ Consider chest imaging (chest x-ray). If an abnormality is seen then chest CT without contrast may be performed.
  - ▶ Consider whole body PET/CT if metastasis is suspected in select patients.
  - ▶ Other imaging should be based on symptomatology and clinical concern for metastatic disease.<sup>e</sup>

### Follow-up/Surveillance

- **Non-Fertility-Sparing Treatment**
  - ▶ Imaging should be based on symptomatology and clinical concern for metastatic disease.<sup>e</sup>
  - ▶ For patients with treated FIGO stage III-IV disease optional chest/abdominal/pelvic CT every 6 months for the first 3 years and then every 6–12 months for the next 2 years.
- **Fertility-Sparing Treatment**
  - ▶ Repeat pelvic MRI (preferred) for patients with persistent endometrial carcinoma after 6 months of failed medical therapy, especially if considering further fertility-sparing approaches.
  - ▶ Other imaging should be based on symptomatology and clinical concern for metastatic disease.<sup>e</sup>

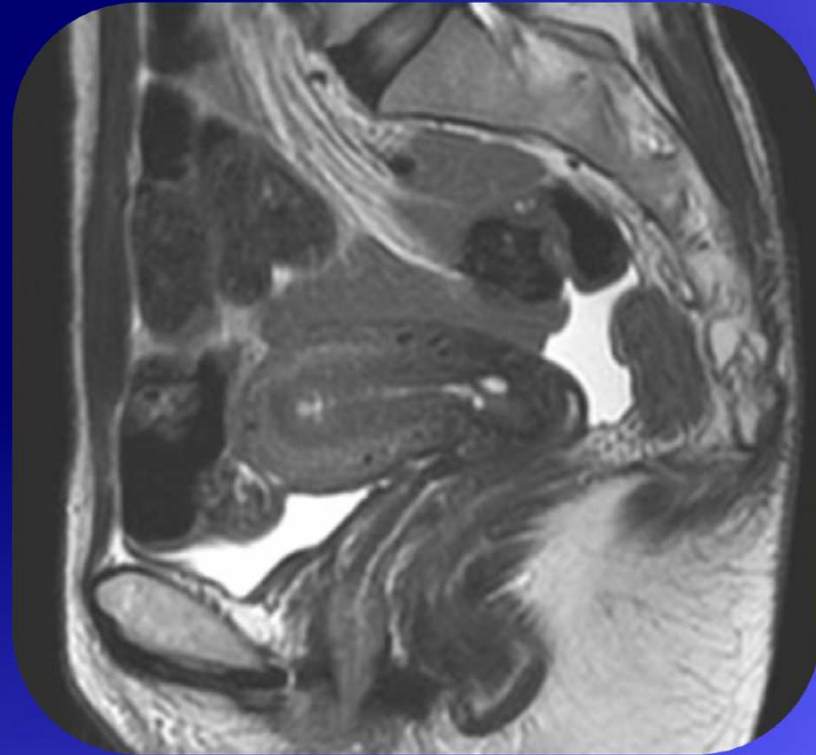
### Suspected Recurrence or Metastasis

- Abdominal/pelvic and/or chest CT based upon symptoms or physical exam findings<sup>e</sup>
- Consider whole body PET/CT in select patients who may be candidates for surgery/locoregional therapy
- Consider pelvic MRI for patients who still retain their uterus

# RM

-Ottima risoluzione di contrasto intrinseca, anche sugli organi pelvici

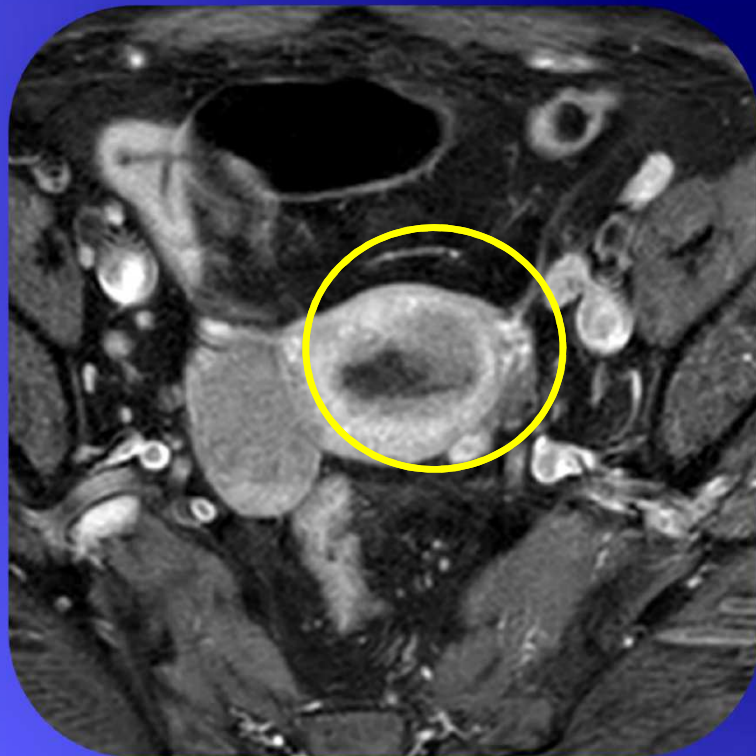
- Tempi di acquisizione «lunghi»
- Campo di vista ristretto
- Polmoni non valutabili



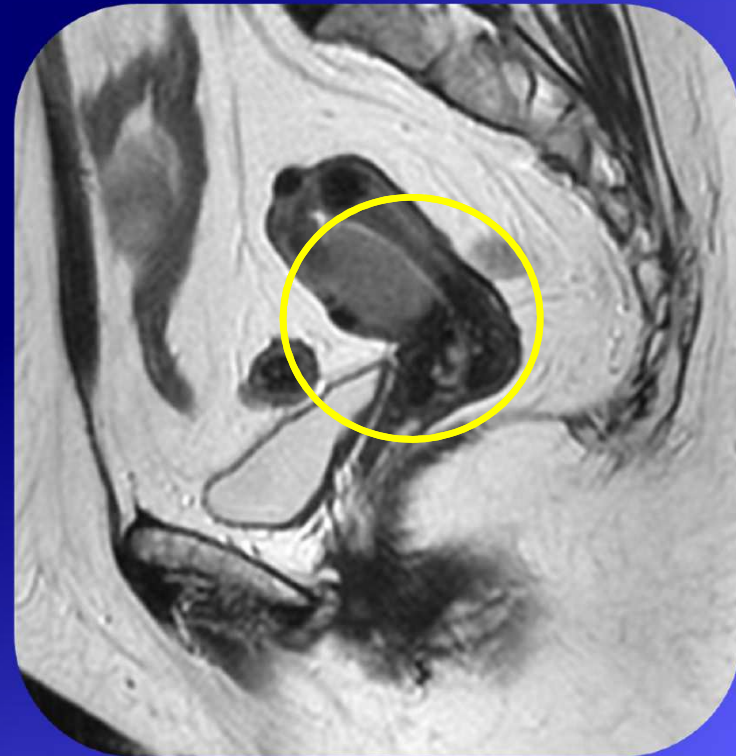
# RM

## STADIAZIONE LOCALE DI MALATTIA

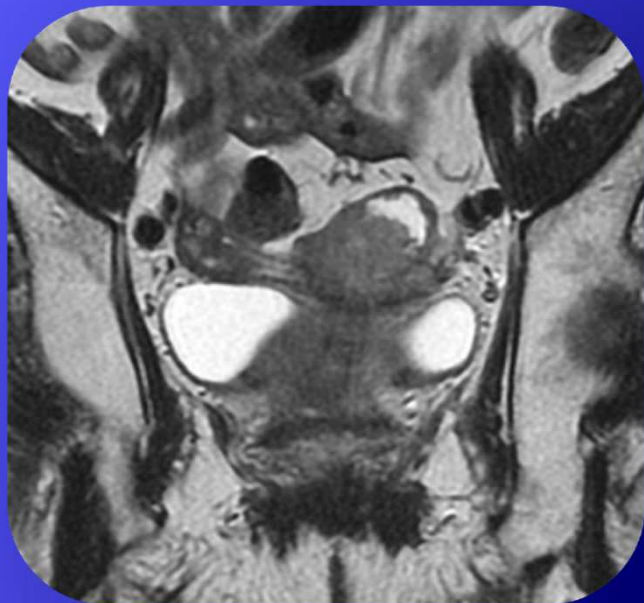
-Quantificazione dello spessore miometriale infiltrato (50%)



-Estensione «orizzontale» (cervice?)

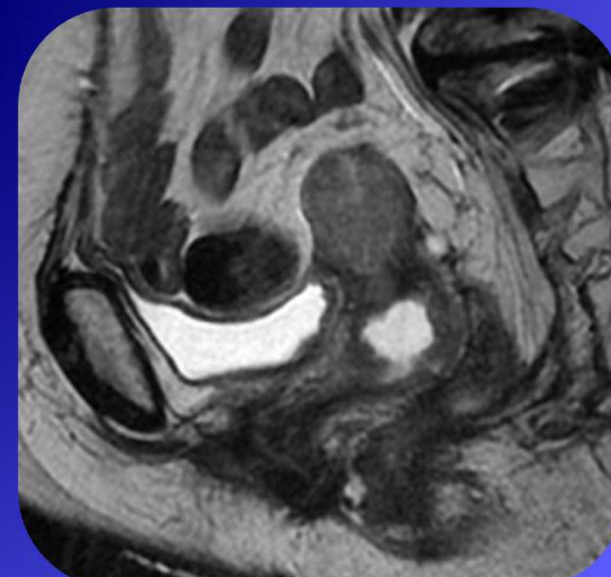
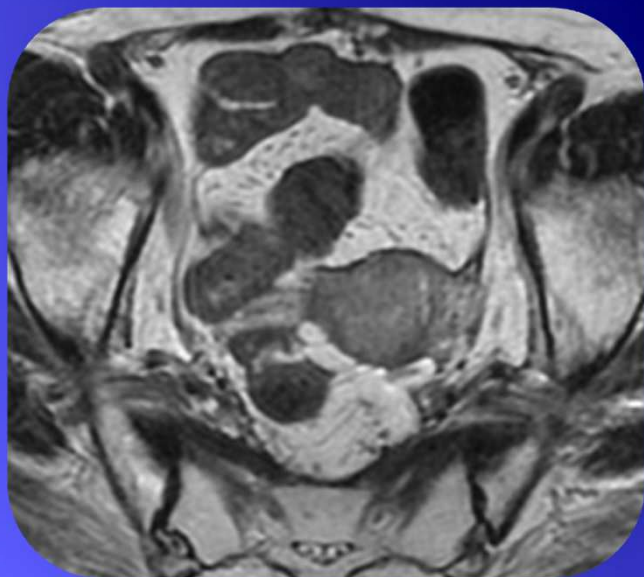
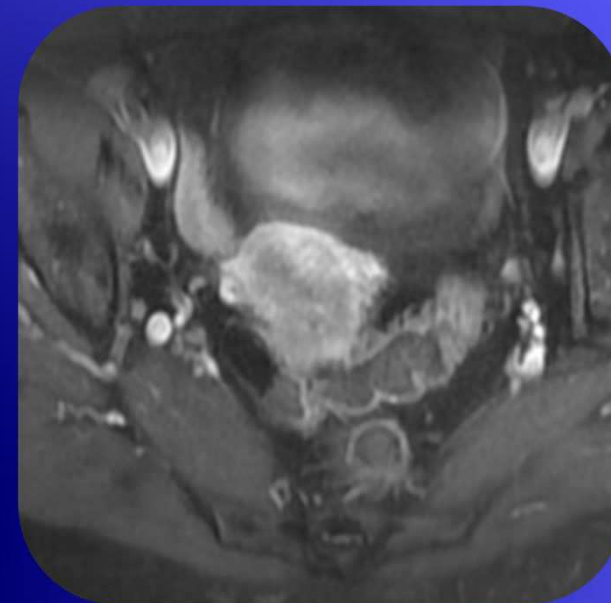


Coinvolgimento paramètri

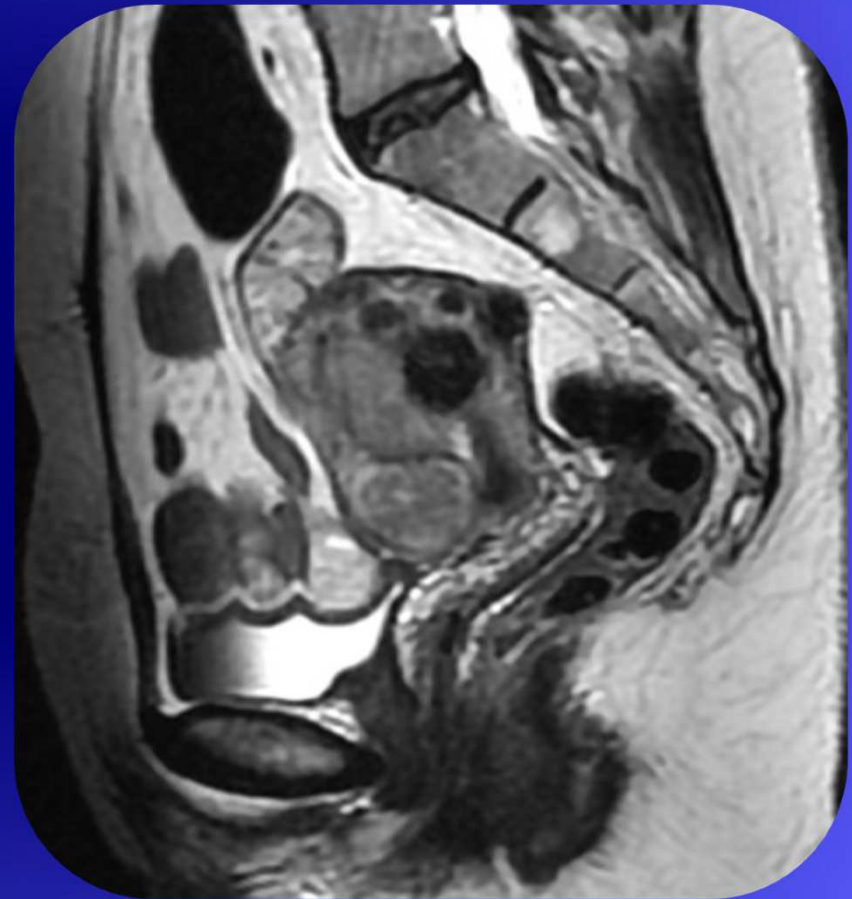
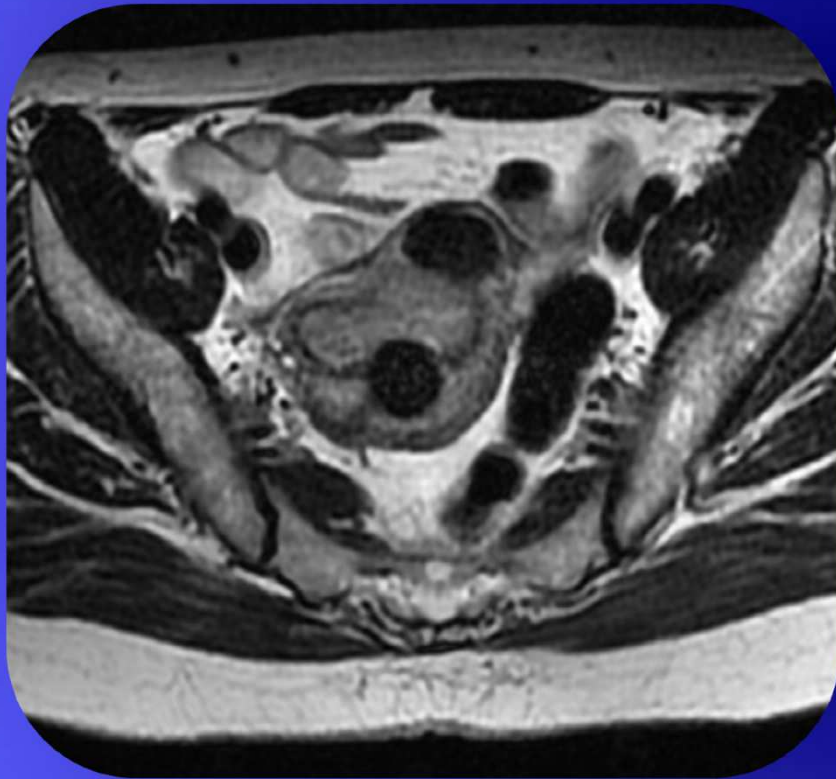


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Infiltrazione organi vicini

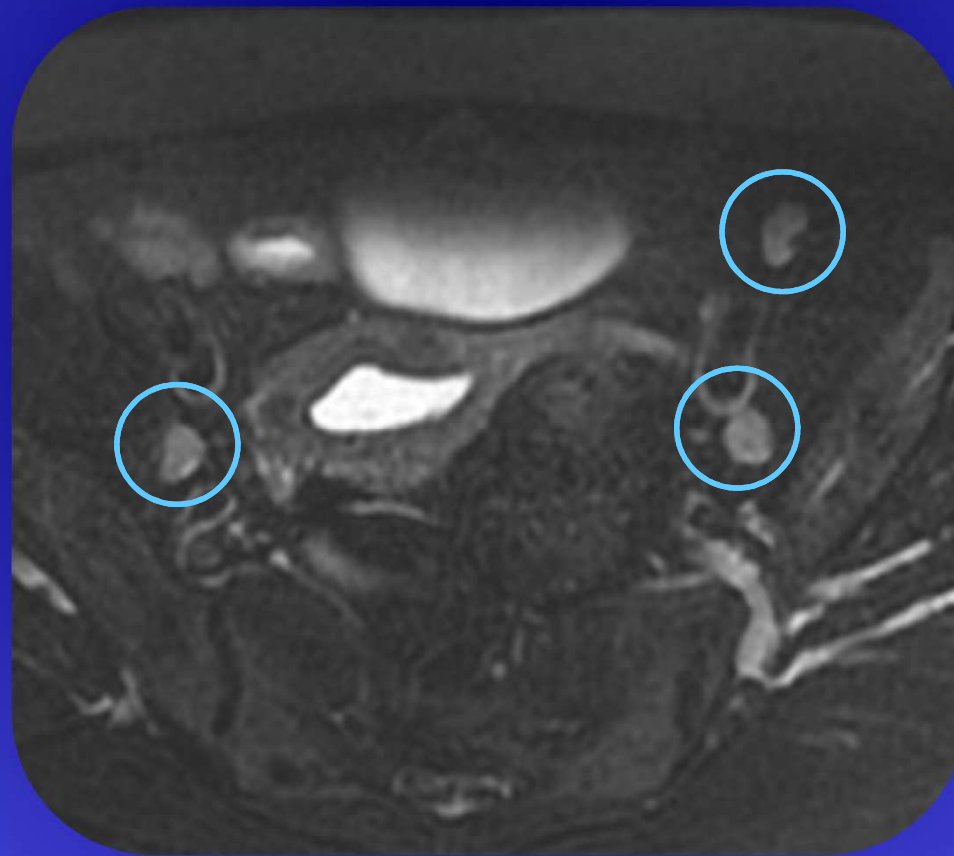


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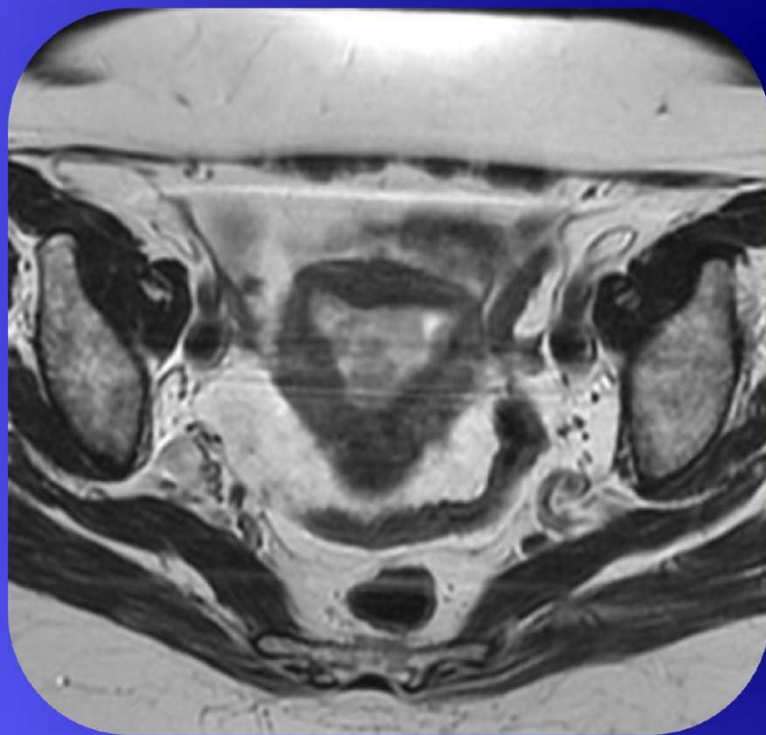
# RM

Valutazione morfodimensionale linfonodi pelvici

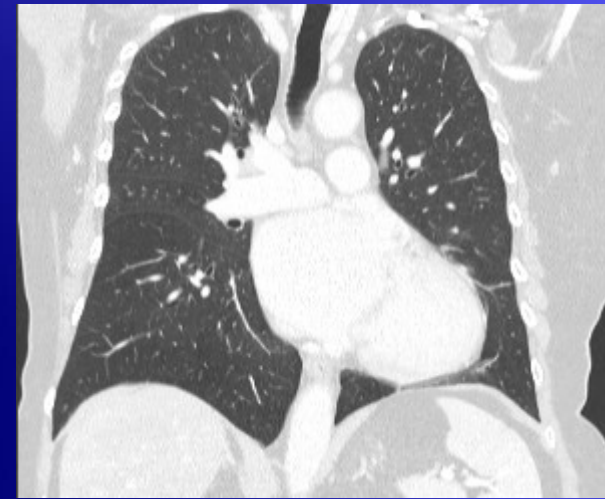


# TC

Scarsa risoluzione di contrasto sugli organi pelvici



# TC



**Ottima risoluzione spaziale**  
**Ampia copertura anatomica**  
**Studio parenchima polmonare**

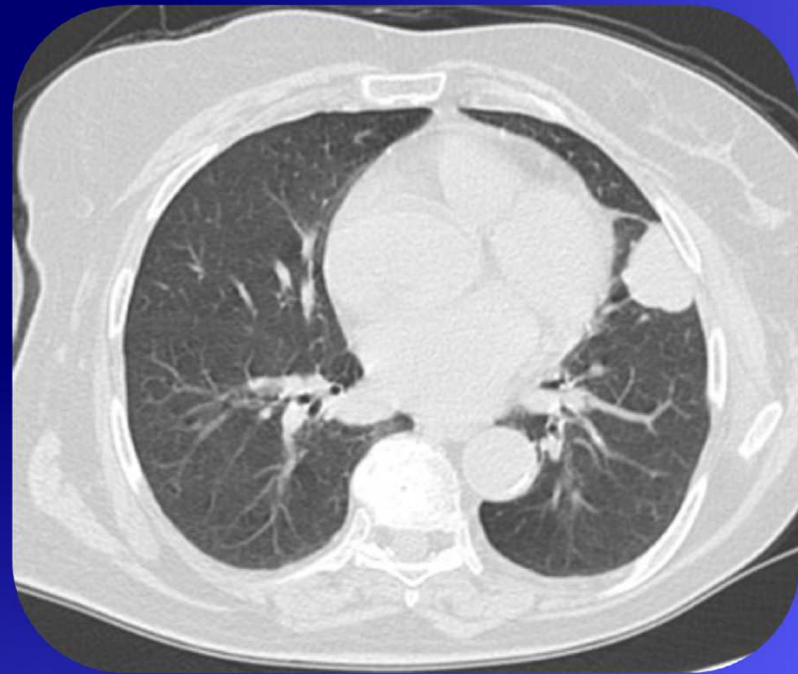
# TC

STADIAZIONE «TOTAL BODY» DI MALATTIA LOCALMENTE AVANZATA  
O CON ISTOLOGIA AGGRESSIVA



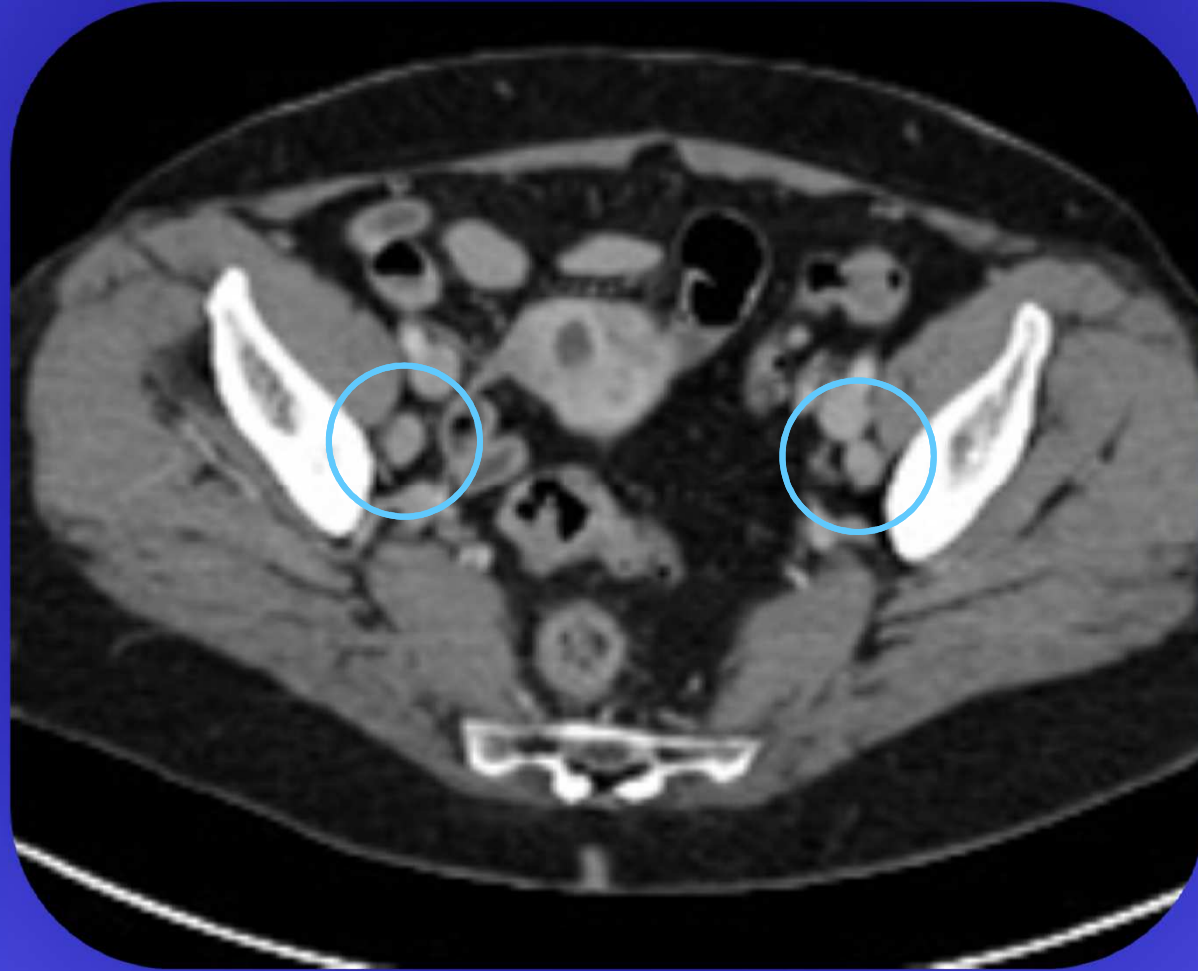
Replicazioni viscerali o peritoneali

Replicazioni polmonari



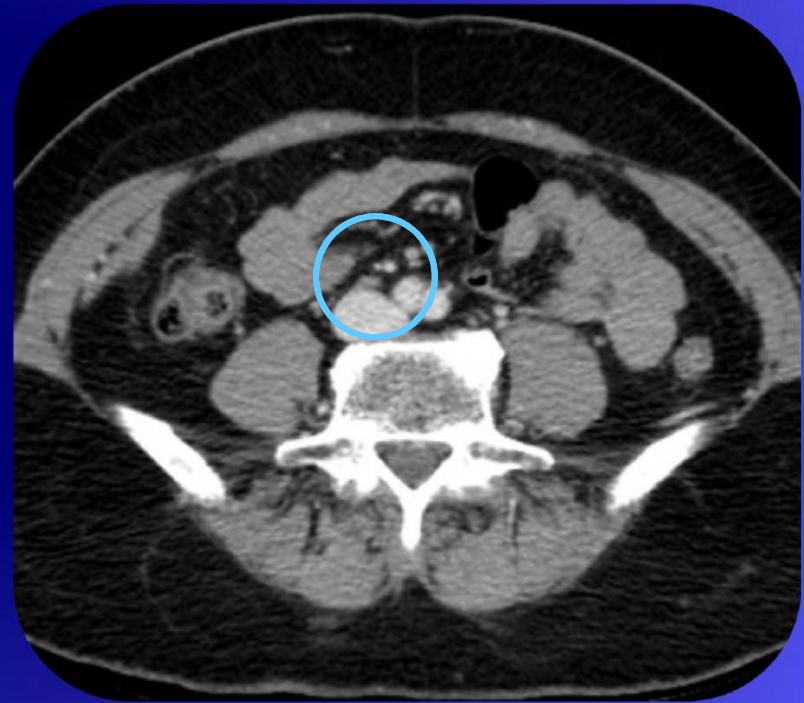
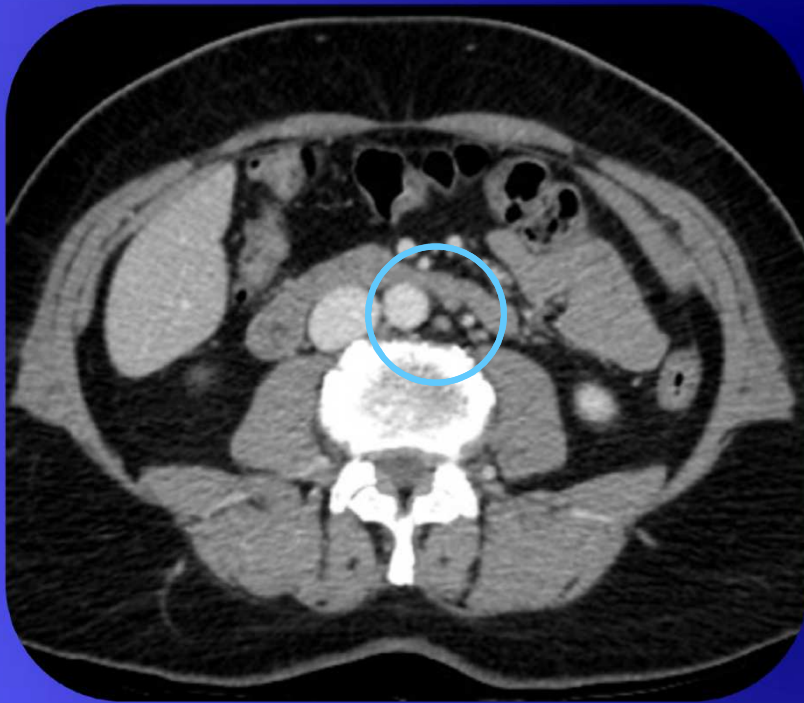
# TC

Valutazione morfodimensionale linfonodale



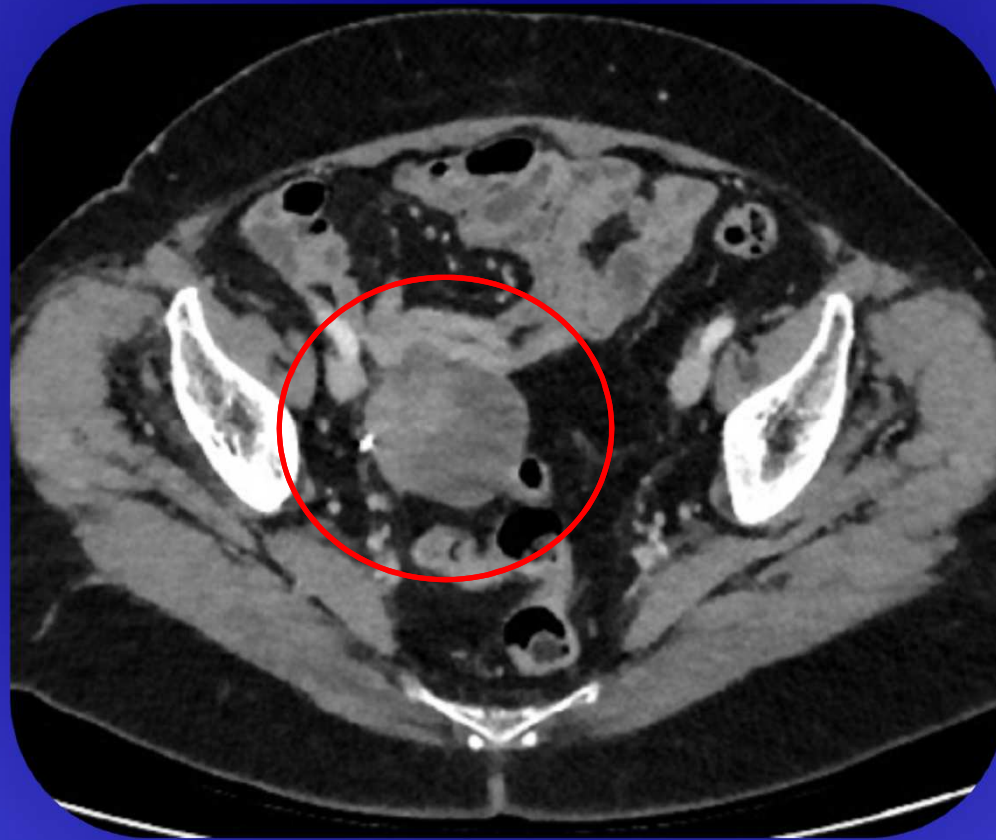
# TC

Valutazione morfodimensionale linfonodale

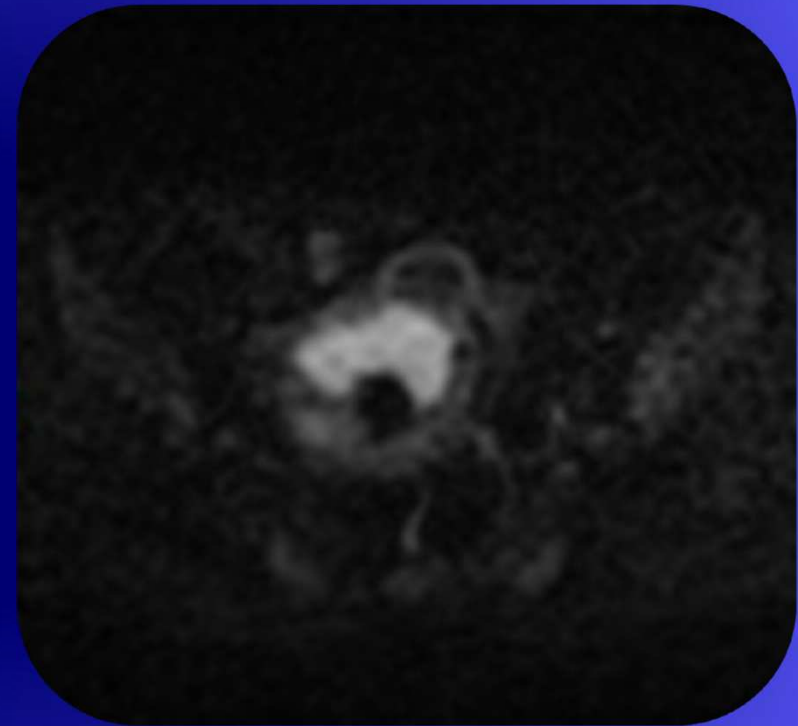
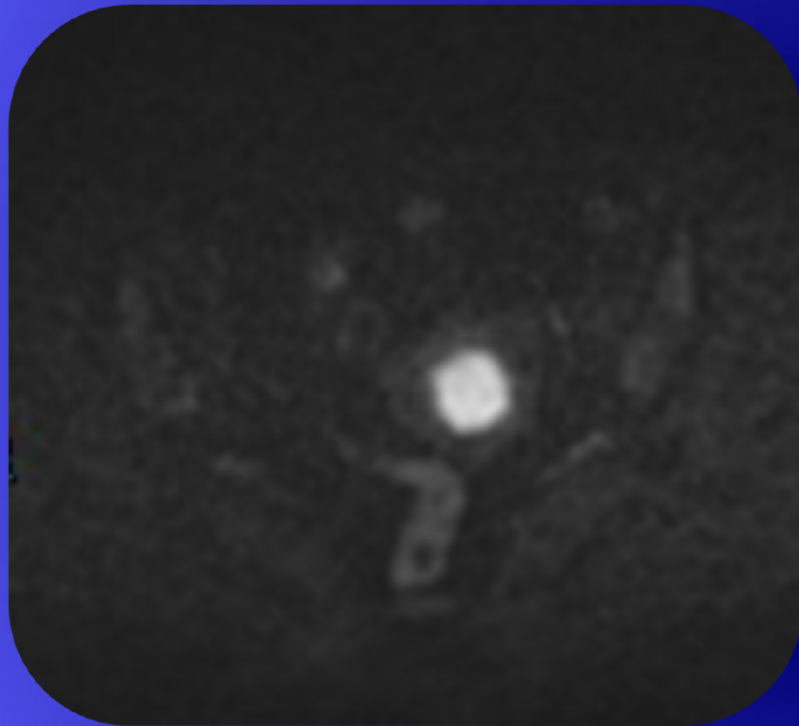


# TC

Follow up e ristadiatione toraco-addominale



Si puo fare di più?



IMAGING RM DWI ← ? → GRADING

Diagnosi clinica  
ed ecografica di  
neoplasia uterina

RM: STADIAZIONE LOCALE PELVICA

TC MDC: STADIAZIONE TORACO-ADDOMINALE

FOLLOW-UP

