# Ovarian mucinous cystadenocarcinoma

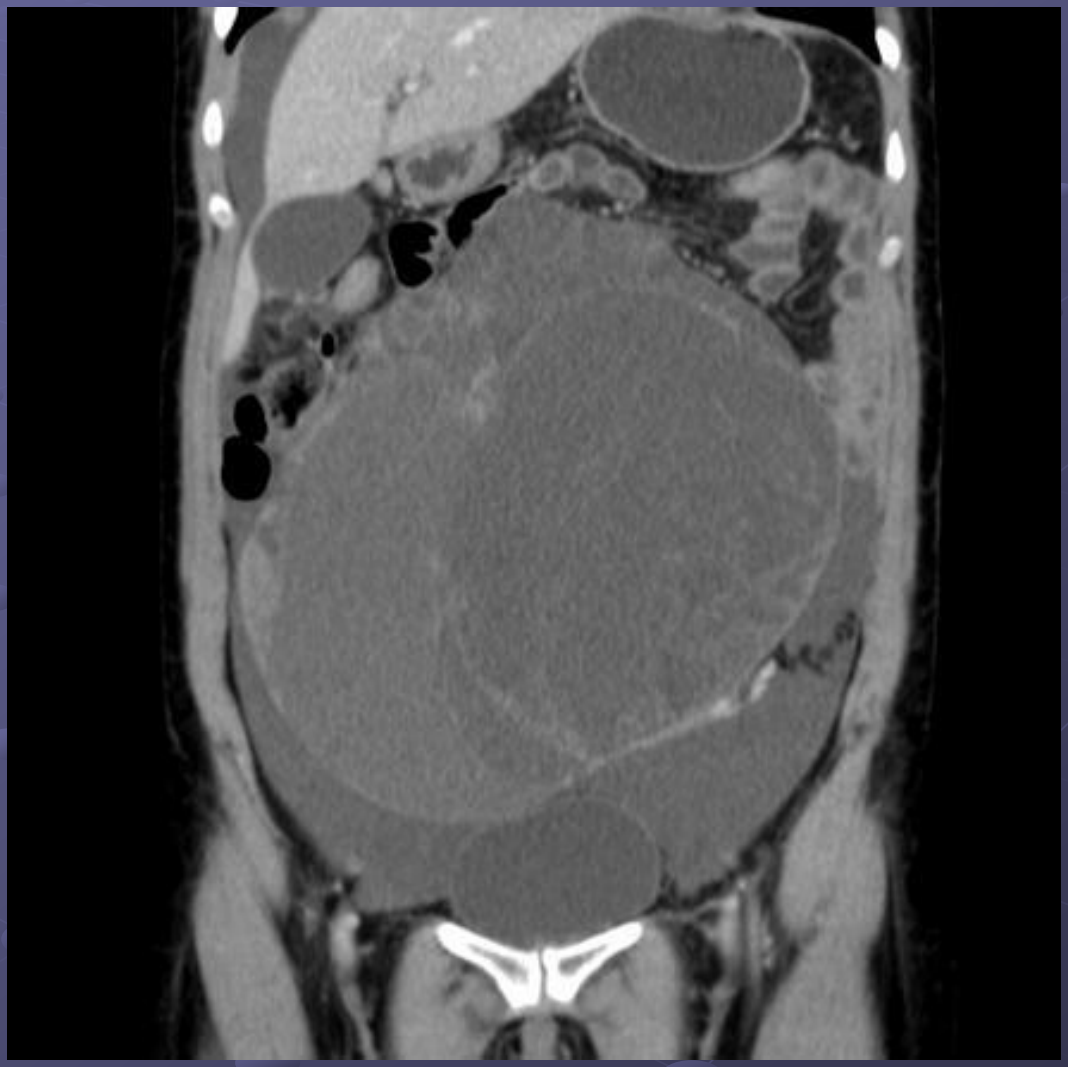
- Rare malignant ovarian mucinous tumor. This type can account for 5-10% of all ovarian mucinous tumors. It is a type of ovarian epithelial tumour.
- **Pathology**
  - Retrospective studies have suggested that many mucinous carcinomas initially diagnosed as primary to the ovary have in fact metastasized from another site .
- **Associations**
  - a development of mucinous cystadenocarcinoma has been very rarely associated with malignant transformation of a mature cystic teratoma [1]
- **Radiographic features**
  - In general, the cell type (e.g. serous, mucinous) often cannot be determined on the basis of appearance at MR imaging, CT, or ultrasound [6]. Biopsy or excision is necessary.
- A mucinous ovarian carcinoma is less likely to be bilateral than serous carcinoma, with bilateral lesions occurring in 5-10% of the stage I cases.

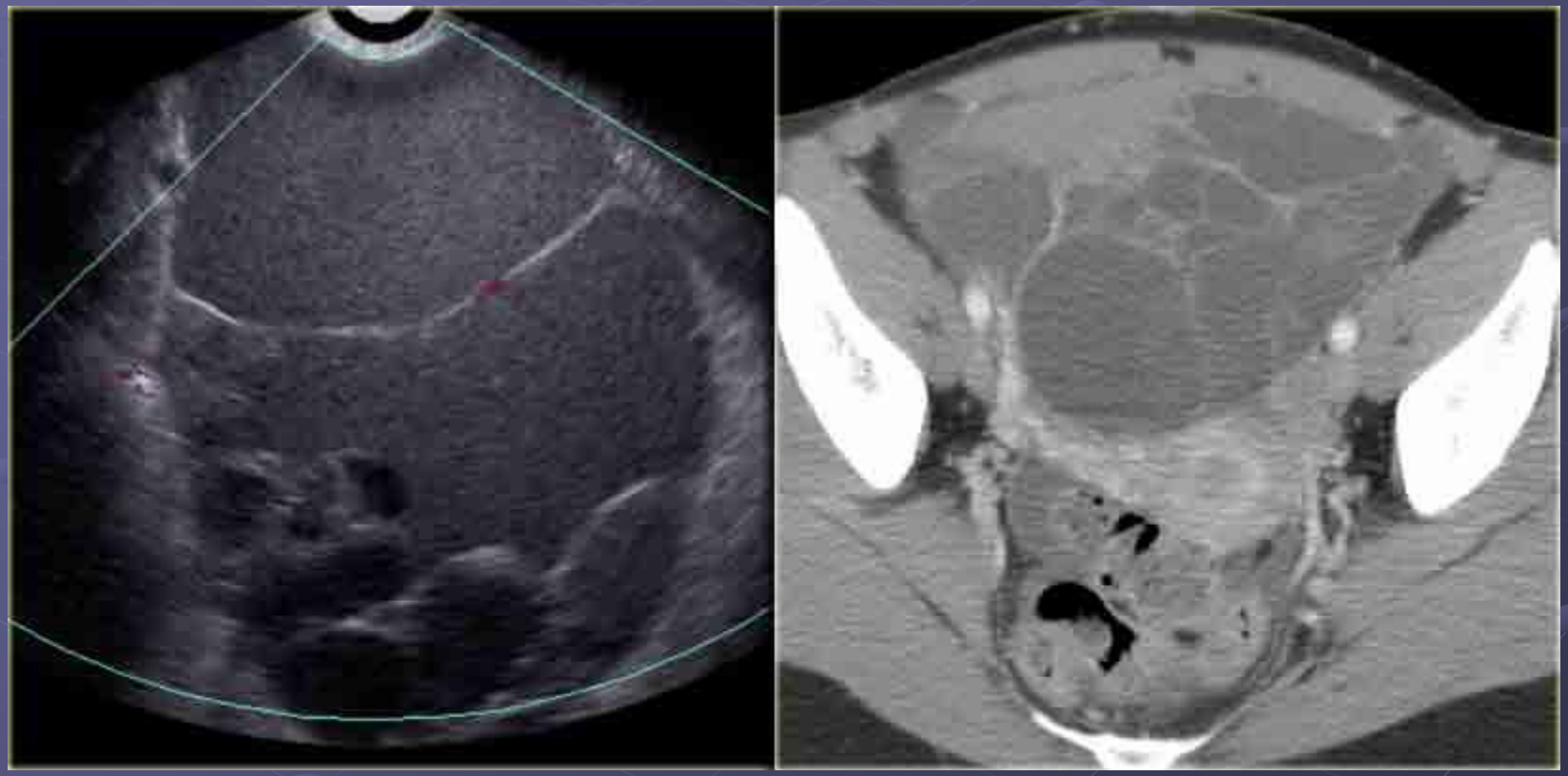
# General

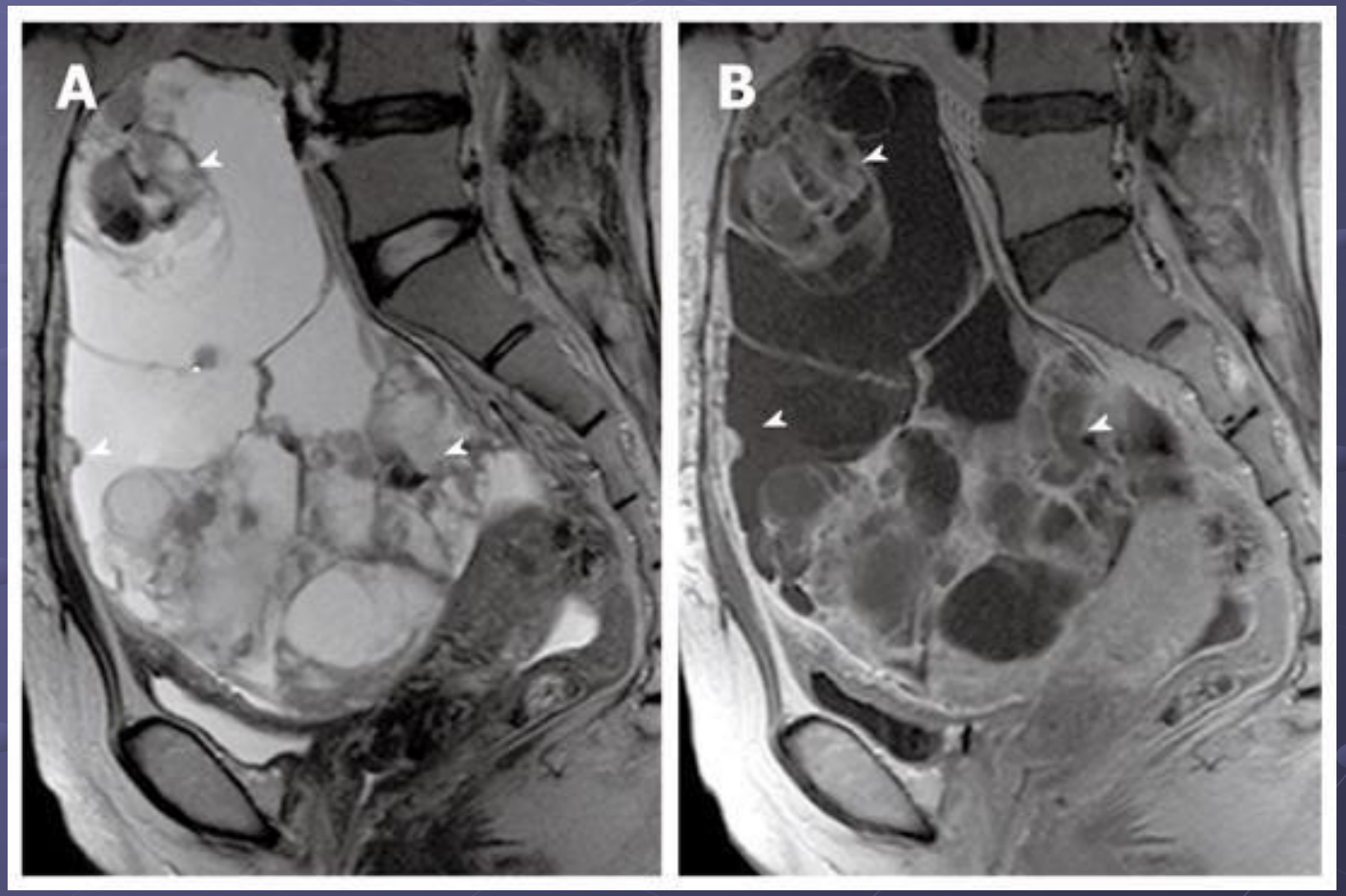
- Mucinous tumors are typically multilocular, with numerous smooth, thin-walled cysts. Mucoid material is found within the cysts, sometimes accompanied by hemorrhagic or cellular debris.
- A proportionately greater solid, nonfatty, non-fibrous tissue is often considered the most powerful predictor of malignancy

# Imaging

- **Ultrasound**
  - appearance is similar to an ovarian mucinous cystadenoma, but with mural thickening, solid components, or aggressive features.
- **CT**
  - CT may demonstrate high attenuation in some loculi due to the high protein content of the mucoid material
- **MRI**
  - **T1**
    - the signal intensity of mucin on T1-weighted images varies depending on the degree of mucin concentration
    - on T1-weighted images, loculi with watery mucin have a lower signal intensity than loculi with thicker mucin.
  - **T2**
    - on T2-weighted images, the corresponding signal intensities are flipped, so that loculi with watery mucin have high signal intensity and loculi with thicker mucin appear slightly hypointense.



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