

IMPORTANCE OF RECTAL SIGNAL ON FETAL MAGNETIC RESONANCE IMAGING IN PATIENTS HAVING HYDROMETROCOLPOS

To the Editor,

I read with great interest the article by Hung YH et al [1] published in March 2008 issue of your journal. The article was well written and the two cases were well described. In Case 1, the ultrasound image showed fluid debris level. Presence of fluid debris level in a fetus with cystic pelvic mass should suggest the possibility of hydrometrocolpos [2]. This was not mentioned in the legend or the text. In addition, the authors did not mention the signal intensity of rectum in Case 1. This information is useful in patients with hydrometrocolpos. In patients with cloacal anomaly (a single common channel of urogenital tract and rectum), the rectum will have abnormal meconium signal (hypointense on T1-weighted image and hyperintense on T2-weighted image owing to mixing of urogenital secretions with meconium) [3]. In patients with urogenital sinus, the rectum will have normal meconium signal (hyperintense on T1-weighted image and hypointense on T2-weighted image), because there is no mixing of urogenital secretions with rectum [2]. In our case of hydrometrocolpos with urogenital sinus, the rectum showed normal meconium signal without the presence of cloacal anomaly [2]. Thus, magnetic resonance imaging provides additional information

that is not available on ultrasonography. So, in cases of hydrometrocolpos, one should carefully look for rectal signal on magnetic resonance imaging.

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