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Comparative evaluation of multidetector CT and MR imaging in the differentiation of adnexal masses: authors' reply

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Sir,

We thank the authors of this letter for their thoughtful remarks.

We agree that the performance of unenhanced CT is necessary for the full characterization of adnexal masses, especially in 'differentiating enhancing lesion components from haemorrhage or mucinous content'. This could probably enable the correct characterization of one of the false-negative cases with multidetector CT (MDCT) in our study, by detecting the enhancing element within a borderline ovarian tumour with haemorrhagic content [1]. This study was one of the first conducted on our 16-row MDCT system, and unenhanced CT was not performed due to concern about irradiation. The effective dose for the CT protocol used in this study was measured at 7 mSv, i.e. not different from that for conventional CT of the abdomen [2]. The protocol we use now includes unenhanced CT of the pelvis, covering the area from the iliac crests to the symphysis pubis, or the adnexal mass if larger, followed by enhanced CT of the abdomen and pelvis.

Regarding the area of coverage with MR imaging this included the pelvis 'covering the area from the iliac crests to the symphysis pubis, or the ovarian mass, if larger', as already mentioned in our paper in the 'Material and methods' section [1].

With regards to the statistical analysis, the ROC curve was produced using the SPSS/PC (version 15.0) statistical software. ROC curves for each diagnostic method were based on 67 patients, who underwent multidetector CT, MR imaging and histopathological examination, which was used as gold standard. The SPSS/PC (version 15.0) did not estimate statistical significance between two ROC curves. It just estimated the areas under the curve (0.921 and 0.982 for multidetector CT and MR imaging, respectively). We just compared these percentages, and the difference was not statistically significant for $N=67$.

References

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