Introduction

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Magnetic resonance imaging represents a major advance in the examination of the female pelvis. The advantages of MRI include superior spatial and tissue contrast resolution, multiplanar capabilities, lack of exposure to ionizing radiation, and availability of noniodinated, nonnephrotoxic IV contrast material ***(Faysal 2005)***.

Although ultrasound remains the most optimal modality for detecting gynecologic abnormalities, MR imaging has proved its value in many applications and should be the modality used in most patients in whom ultrasound does not provide sufficient information. MRI images have better soft tissue contrast compared to CT scan images, particularly for identifying fat and blood products, and can give a better idea of the organ of origin of gynecologic masses ***(C William, 2003)***.

Magnetic resonance imaging (MRI) is gaining momentum for staging gynecologic malignancies. MRI staging is an adjunct to clinical and surgical staging in women with cervical or endometrial cancer, respectively. For women with possible adnexal pathology, MRI is useful for lesion characterization. In patients with ovarian cancer, MRI determination of disease extent helps treatment planning, either as a surgical roadmap or to identify nonresectable patients ***(Ascher, 2001)***.