

terminated at surgery to be clotted blood in each case. Lesions were either round or oval and occasionally associated with mild uterine enlargement. Blood in the cul de sac identified in five cases was also diffusely echogenic. Sonographic "masking" of the uterine outline by the hematosalpinx of similar echogenicity was a commonly encountered phenomenon in the present series. Differential diagnosis includes teratoma and ovarian cyst with clotted blood. The authors suggest that absence of intrauterine gestation, diffusely echogenic adnexal mass, and diffusely echogenic hematoma in the cul de sac are strongly suggestive of an ectopic gestation in the proper clinical setting. Representative sonograms and gross pathologic specimen photographs are provided.

Sonography of Neuroblastoma. S. J. White, K. J. Stuck, C. E. Blane, T. M. Silver; University of Michigan Medical Center, Ann Arbor, MI. *Am J Roentgenol* 141:465-468, 1983

In a study of 21 children with neuroblastoma, the authors evaluated 14 primary tumors before therapy. All were noted to be heterogeneously echogenic with poorly defined margins and ten of 14 contained discrete anechoic areas, varying in size from 0.5

cm to 4 cm in diameter. Eleven of the 14 patients had tumors of adrenal origin, the other three were in the neck, the lumbar paravertebral space, and the pelvis, respectively. Recurrent and residual tumors were indistinguishable from primary tumors with respect to their echogenicity. Bright echoes with acoustic shadowing indicated tumor calcifications in three cases. Sonography can be used to detect and monitor liver metastases. No characteristic appearance was noted for these deposits. Sonography provides an advantage over TCT in the presence of surgical clips for evaluating residual or recurrent tumor. Representative sonograms are provided.

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