

## Letter to the Editor

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## RE: Uterine Fibroid Treatment Planning with the Diffusion Weighted Imaging Tool

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Dear Sir,

We are pleased to read the interesting article by Suyon Chang and colleagues (1) in the October 2012 issue of Korean Journal of Radiology. The authors examined the effectiveness of uterine artery embolization for treating symptomatic fibroids with high signal intensity on magnetic resonance (MR) T2-weighted imaging, which would definitely add value to the current literature. In their retrospective study, it would have been interesting if Suyon Chang et al. could have indicated the detailed arteriography and embolization data of the T2 high group and the control group.

Since we have special interest on the diffusion magnetic resonance imaging (MRI) subject (2), we want to contribute to the evaluation of the management success of uterin fibroids, which were treated with alternative methods,

such as embolization or ultrasound ablation, instead of hysterectomy or myomectomy, by using diffusion weighted imaging and apparent diffusion coefficient (ADC). In the literature, the authors used T1-weighted MR imaging after the administration of a gadolinium based contrast agent before and after the treatment; however, they also mentioned that contrast-enhanced imaging provides no information as to the cellular environment (3). It may not have been possible for Suyon Chang et al. to include the ADC values of their study group, but for future studies, one could keep this in mind. ADC values may provide a method to noninvasively obtain information about the cellular environment, particularly after infarction (4). This would allow for a quantitative evaluation of fibroids management and is easily repeated for a follow-up.

### REFERENCES

1. Chang S, Kim MD, Lee M, Lee MS, Park SI, Won JY, et al. Uterine artery embolization for symptomatic fibroids with high signal intensity on T2-weighted MR imaging. *Korean J Radiol* 2012;13:618-624
2. Sonmez G, Cuce F, Mutlu H, Incedayi M, Ozturk E, Sildiroglu O, et al. Value of diffusion-weighted MRI in the differentiation of benign and malign breast lesions. *Wien Klin Wochenschr* 2011;123:655-661
3. Jacobs MA, Herskovits EH, Kim HS. Uterine fibroids: diffusion-weighted MR imaging for monitoring therapy with focused ultrasound surgery--preliminary study. *Radiology* 2005;236:196-203
4. Kang H, Lee HY, Lee KS, Kim JH. Imaging-based tumor treatment response evaluation: review of conventional, new, and emerging concepts. *Korean J Radiol* 2012;13:371-390

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