Objective
Abstract Body A 44-year-old woman, no medical history of interest or previous sexual relations. Refers palpation of abdominal mass and heavy menstrual bleeding in recent years. In the speculum exploration an atypical aspect mass protrudes through the OCE. No parametrial Involvement.
- Transvaginal ultrasound: hyperechoic tumor with a thickness of 90x63x79 mm, heterogeneous with irregular appearance of junctional-zone (JZ). Vascularization in the Doppler study 3/4 with multifocal origin. The tumor impress to infiltrate cervical stroma. Endometrial neoplasia can not be ruled out with infiltration> 50% in the anterior isthmus face. Rest of myometrium of heterogenic echogenicity.
- Magnetic Resonance: Multicystic mass with solid areas that occupies and distends endometrial and endocervical cavity until OCE suggestive of endometrial origin. It seems to have an endometrial origin with> 50% myometrial infiltration.
- Endometrial Biopsy: Endometrial mucosa in proliferative phase.
- Tumor markers were negative.
As a treatment a hysterectomy was performed.
- Definitive AP: Adenomyosis with endometrial hyperplasia without atypia.

Discussion
The ultrasonographic findings according to the MUSA criteria of adenomyosis visualized in this case are the subendometrial cysts and the irregular JZ with heterogeneous myometrium. Despite this, IETA criteria proposed as endometrial risk factors: > 15 mm, multifocal vascularization and the presence of irregular cysts; thus, in this patient without clear risk factors for adenomyosis, it is mandatory to perform the differential diagnosis of endometrial neoplasia. Hysterosonography could help to better define the endometrium in doubtful cases.