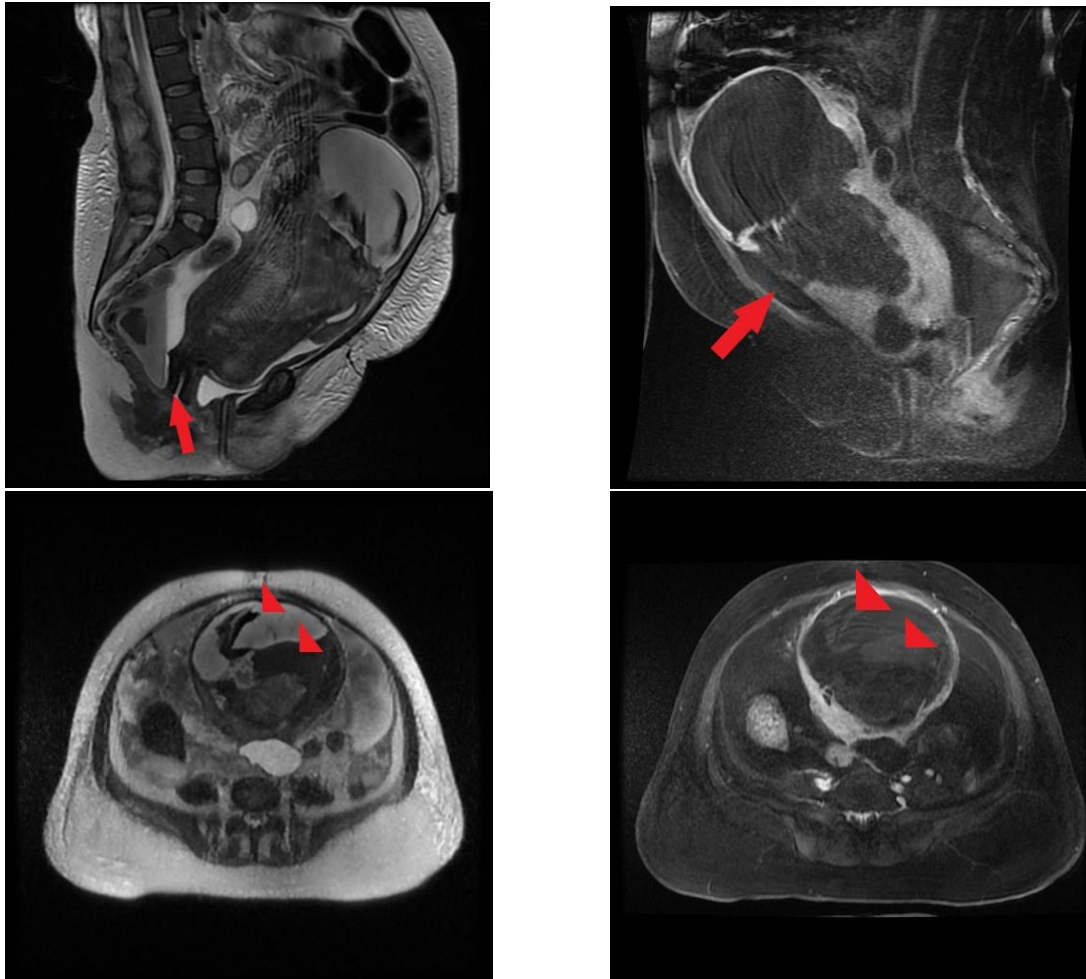
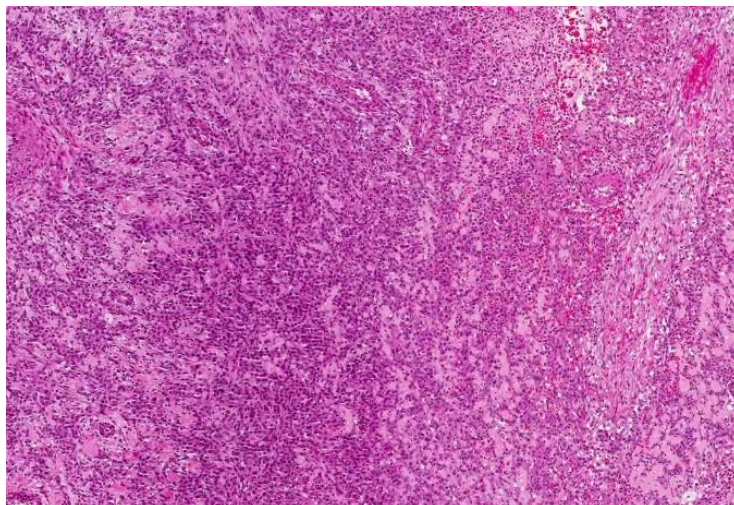


**Figures 1 A&B:** CT abdomen pelvis 6 days prior to surgery: the fundal cystic/necrotic component appears partially collapsed and contains dense material (blood: long arrow). There is an apparent “gap” in the anterior aspect (between 2 small arrows) with adjacent clot. Interval significant increase in free fluid which is dense in the dependent pelvis (hemoperitoneum).

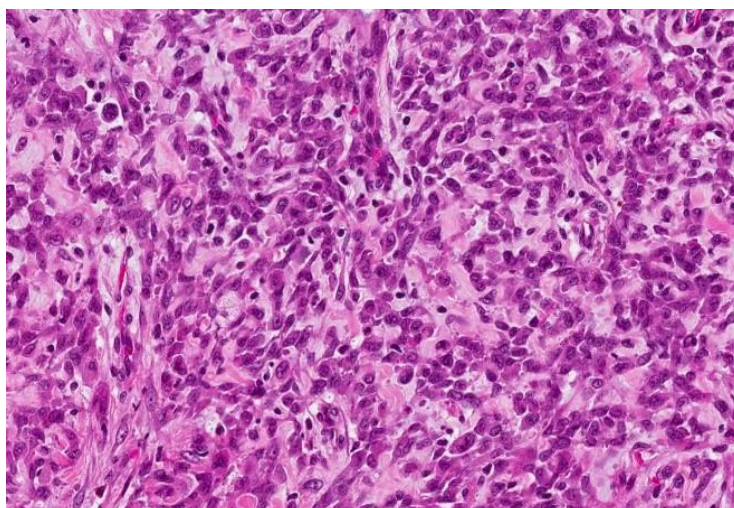


**Figures 2A-D:** MRI pelvis 5 days prior to surgery: Post contrast fat saturation (2A&B), axial T2 (2C), axial T1 post contrast fat saturation (2D)

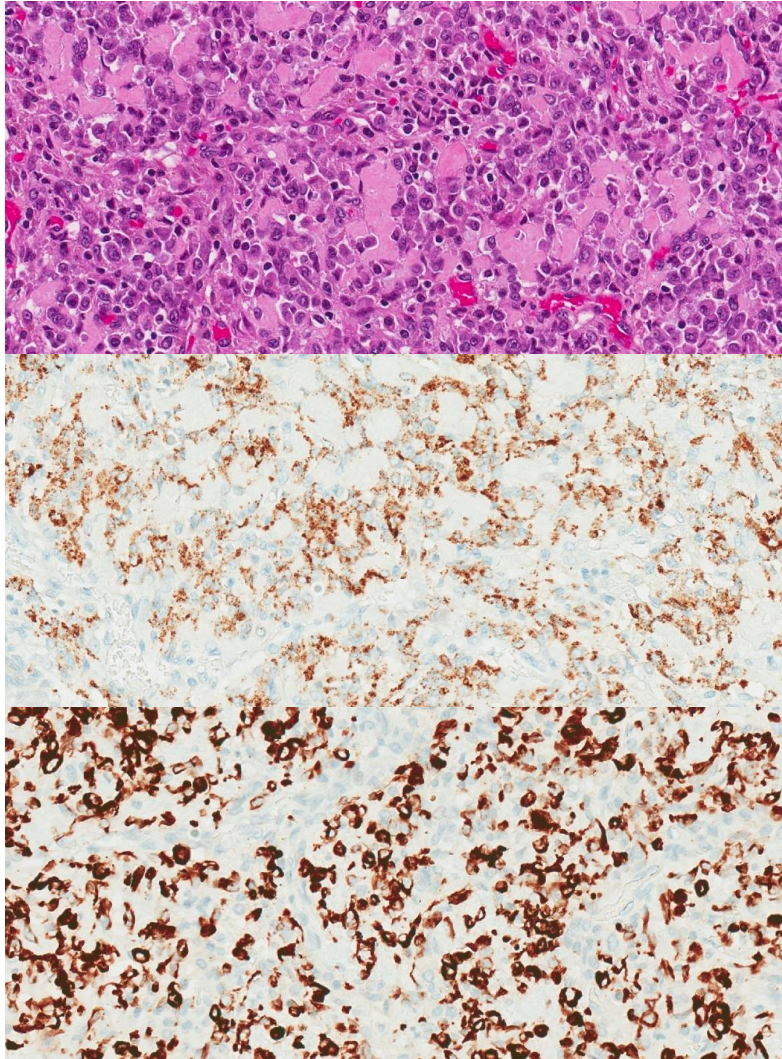
Blood products are seen within the cystic component (high T1 low T2 signal irregular material with no enhancement: arrowheads), and within the dependent peritoneum (posterior cul-de-sac low/high signal fluid-fluid level: wide arrow). Gap in anterior wall of lesion again demonstrated (small arrows) in keeping with rupture.



**Figure 3:** Perivascular epithelioid tumor. The neoplasm has solid growth (left aspect) with areas of hemorrhage and necrosis (right aspect).



**Figure 4:** The tumor is composed of round to polygonal (“epithelioid”) cells with eosinophilic cytoplasm.



**Figure 5 A-C:** Immunohistochemistry: epithelioid cells with granular cytoplasm (A), show strong expression of HMB45 (B) and desmin (C).