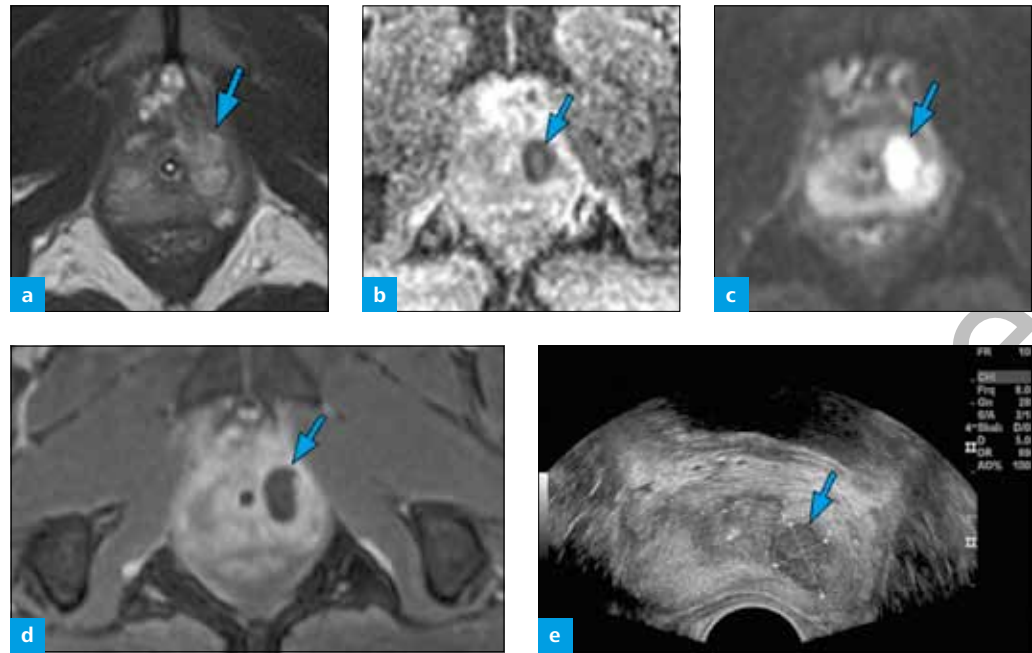






**Fig. 5:** T2-w image in (a) axial plane with (b) ADC map and (c) DWI, (d) T1-w image with fat saturation after contrast; all without an endorectal coil and (e) B mode TRUS: abscess of the prostate shows a discrete increase of signal intensity in T2-w MRI (arrow in a), a marked decrease on ADC (arrow in b) and a circumscribed restriction of diffusion (arrow in c), rim enhancement within the capsule of the abscess (arrow in d) and a hypoechoic, inhomogeneous structure in B mode TRUS.



### Hyperplastic Nodule – Adenoma

Adenomas of the prostate solely occur within the inner gland and show patterns of perfusion similar to carcinomas (Fig. 6). Wash out of contrast agent is slightly delayed with adenomas (type 2 curve; also refer to Chapter 3.1). Sharply delineated calcifications help to differentiate them from most of the carcinomas (Fig. 7). ADC values of benign adenomas are mostly higher than 1 000 (Fig. 8). However, carcinomas can arise in or at the border of a benign nodule which causes a disruption of the nodule's capsule and a focal loss of signal on the ADC map.

**Fig. 6:** T2-w image (a) in axial plane with (b) AUC perfusion map and (c) wash out perfusion map as well as (e) SI curve from corresponding ROI (d), all with an endorectal coil: this hyperplastic nodule/adenoma (arrow in a) proven by biopsy shows focal hypervascularization (arrows in b and c) and type 2 SI curves (e) respectively.

