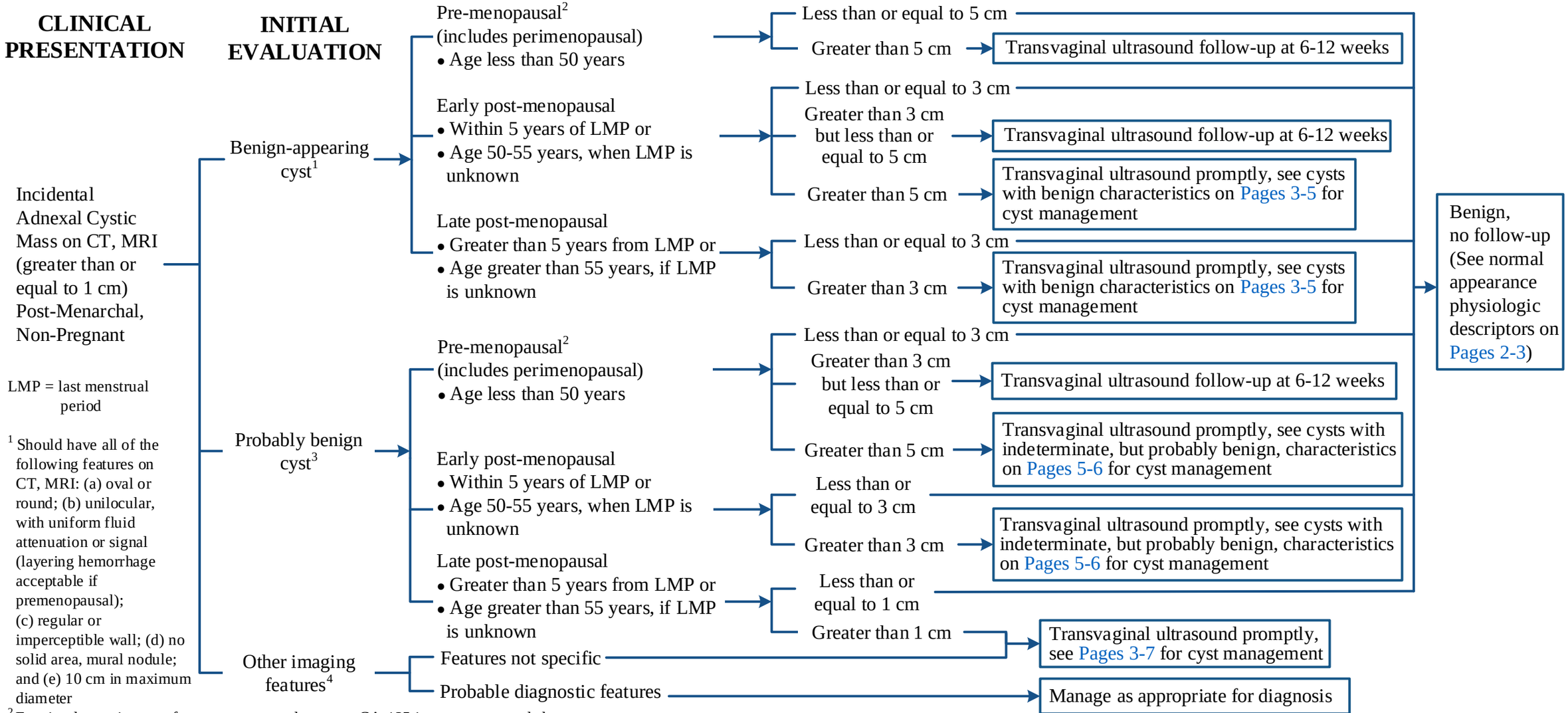
Ovarian Cyst – Incidental Finding



[1] Should have all of the following features on CT, MRI: (a) oval or round; (b) unilocular, with uniform fluid attenuation or signal (layering hemorrhage acceptable if premenopausal); (c) regular or imperceptible wall; (d) no solid area, mural nodule; and (e) 10 cm in maximum diameter

[2] For simple ovarian cyst for pre-menopausal women, CA-125 is not recommended

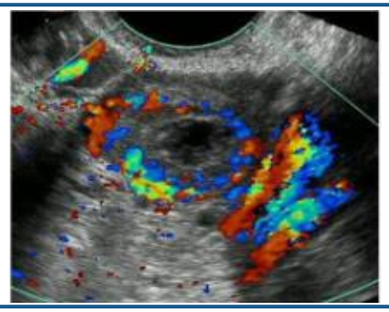
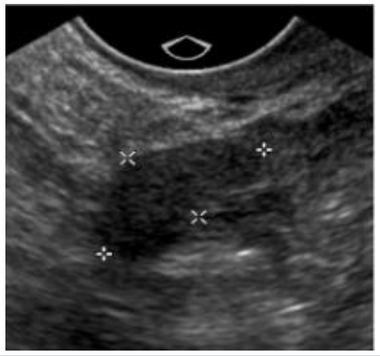
[3] Refers to an adnexal cyst that would otherwise meet the criteria for a benign-appearing cyst except for one or more of the following specific observations: (a) angulated margins, (b) not round or oval in shape, (c) a portion of the cyst is poorly imaged (e.g., a portion of the cyst may be obscured by metal streak artifact on CT pelvis), and (d) the image has reduced signal-to-noise ratio, usually because of technical parameters or in some cases the study was performed without intravenous contrast

[4] Features of masses in this category include: (a) solid component, (b) mural nodule, (c) septations, (d) higher than fluid attenuation, and (e) layering hemorrhage if postmenopausal

Department of Clinical Effectiveness V3
Approved by the Executive Committee of the Medical Staff on 10/20/2020

Ovarian Cyst – Incidental Finding

APPENDIX A: Recommendations for Management of Asymptomatic Ovarian and Other Adnexal Cysts

Normal appearance		Follow-up	Comments
Normal ovary appearance: Reproductive age Follicles • Thin and smooth walls • Round or oval • Anechoic • Size less than or equal to 3 cm • No blood flow		Not needed	Developing follicles and dominant follicle less than or equal to 3 cm are normal findings
Normal ovary appearance: Reproductive age Corpus luteum • Diffusely thick wall • Peripheral blood flow • Size less than or equal to 3 cm • With or without internal echoes • With or without crenulated appearance		Not needed	Corpus luteum less than or equal to 3 cm is a normal finding
Normal ovary appearance: Postmenopausal • Small • Homogenous		Not needed	Normal postmenopausal ovary is atrophic without follicles

From "Management of asymptomatic ovarian and other adnexal cysts imaged at US: Society of Radiologists in Ultrasound Consensus Conference Statement," by D. Levine, D. L. Brown, R. F. Andreotti, B. Benacerraf, C. B. Benson, W. R. Brewster, . . . U. M. Hamper, 2010. *Radiology, 256*, p. 949-951. Copyright 2010 by The Radiological Society of North America. Reprinted with permission.

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APPENDIX A: Recommendations for Management of Asymptomatic Ovarian and Other Adnexal Cysts - continued

Normal appearance		Follow-up	Comments
Clinically inconsequential: Postmenopausal Simple cyst less than or equal to 1 cm • Thin wall • Anechoic • No flow		Not needed	Small simple cysts are common; cyst less than or equal to 1 cm are considered clinically unimportant

Cysts with benign characteristics		Follow-up	Comments
Simple cysts (includes ovarian and extraovarian cysts) • Round or oval • Anechoic • Smooth, thin walls • No solid component or septation • Posterior acoustic enhancement • No internal flow		Reproductive age: • Less than or equal to 5 cm: Not needed • Greater than 5 cm and less than or equal to 7 cm: Yearly Postmenopausal (PM): • Greater than 1 cm and less than or equal to 7cm: Yearly Any age: • Greater than 7 cm: Further imaging (e.g.,MRI) or surgical evaluation	Simple cysts, regardless of age of patient, are almost certainly benign For cysts less than or equal to 3 cm in women of reproductive age, it is at the discretion of the interpreting physician whether to describe them in imaging report

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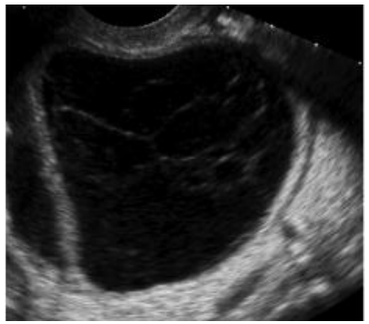
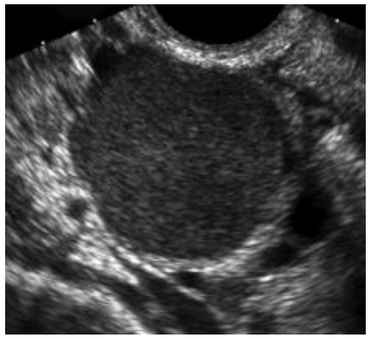
Ovarian Cyst – Incidental Finding

APPENDIX A: Recommendations for Management of Asymptomatic Ovarian and Other Adnexal Cysts - continued

Cysts with benign characteristics		Follow-up	Comments
Hemorrhagic cyst • Reticular pattern of internal echoes • With or without solid appearing area with concave margins • No internal flow		Reproductive age: • Less than or equal to 5 cm: Not needed • Greater than 5 cm: 6-12 weeks follow-up to ensure resolution Early PM: Any size: Follow-up to ensure resolution Late PM: Consider surgical evaluation	Use Doppler to ensure no solid elements For cysts less than or equal to 3 cm in women of reproductive age, it is at the discretion of the interpreting physician whether to describe them in imaging report
Endometrioma • Homogenous low level internal echoes • No solid component • With or without tiny echogenic foci in wall		Any age: Initial follow-up at 6-12 weeks, then if not surgically removed, follow-up yearly	
Dermoid • Focal or diffuse hyperechoic component • Hyperechoic lines and dots • Area of acoustic shadowing • No internal flow		Any age: If not surgically removed, follow-up yearly to ensure stability	

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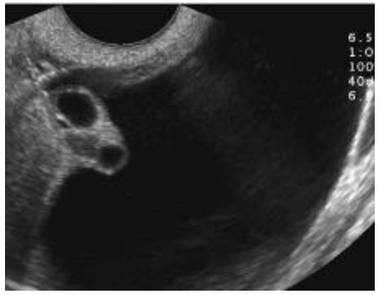
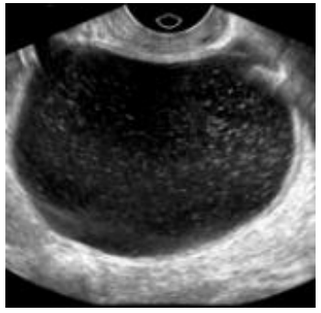
APPENDIX A: Recommendations for Management of Asymptomatic Ovarian and Other Adnexal Cysts - continued

Cysts with benign characteristics		Follow-up	Comments
Hydrosalpinx • Tubular shaped cystic mass • With or without short round projections ("beads on a string") • With or without waist sign (*i.e.* indentations on opposite sides) • May or may not be seen separate from the ovary		Any age: As clinically indicated	
Peritoneal inclusion cyst • Follow the contour of adjacent pelvic organs • Ovary at the edge of the mass or suspended within the mass • With or without septations		Any age: As clinically indicated	

Cysts with indeterminate, but probably benign, characteristics		Follow-up	Comments
Findings suggestive of, but not classic for, hemorrhagic cyst, endometrioma or dermoid		Reproductive age: 6-12 weeks follow-up to ensure resolution. If the lesion is unchanged, then hemorrhagic cyst is unlikely, and continued follow-up with either ultrasound or MRI should then be considered. If these studies do not confirm an endometrioma or dermoid, then surgical evaluation should be considered. Postmenopausal: Consider surgical evaluation	

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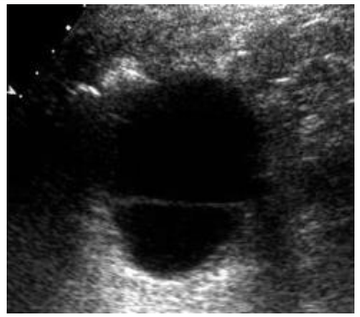
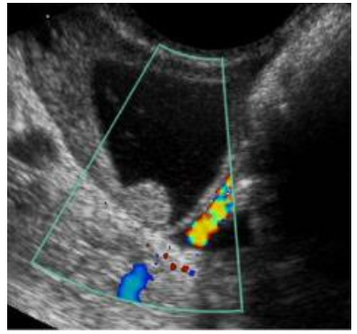
APPENDIX A: Recommendations for Management of Asymptomatic Ovarian and Other Adnexal Cysts - continued

Cysts with indeterminate, but probably benign, characteristics		Follow-up	Comments
Thin-walled cyst with single thin septation or focal calcification in the wall of a cyst		Follow-up based on size and menopausal status, same as simple cyst described above	
Multiple thin septations (less than 3 mm)		Consider surgical evaluation	Multiple septations suggest a neoplasm, but if thin, the neoplasm is likely benign
Nodule (non-hyperechoic) without flow		Consider surgical evaluation or MRI	Solid nodule suggests neoplasm, but if no flow (and not echogenic as would be seen in a dermoid) this is likely a benign lesion such as a cystadenofibroma

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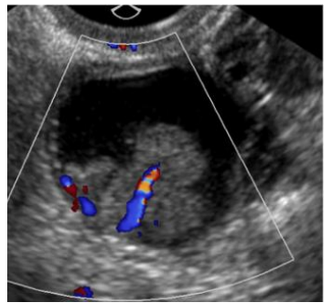
APPENDIX A: Recommendations for Management of Asymptomatic Ovarian and Other Adnexal Cysts - continued

Cyst with characteristics worrisome for malignancy		Follow-up	Comments
Thick (greater than 3 mm) irregular septations		Any age: Consider surgical evaluation	
Nodule with blood flow		Any age: Consider surgical evaluation	

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DEVELOPMENT CREDITS

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