

Management of Ovarian Cyst:

Simple Cyst (cystic, no solid component, thin walls)

Low Risk (Pre-menopausal)

- * < 5 cm – Done, no follow up
- * 5-7 cm – Yearly u/s follow up
- * > 7cm – MRI or surgery

High Risk (post-menopausal, personal of family hx, genetic risk)

- * < 2cm - Done, no follow up
- * 2-7cm – Yearly follow up
- * > 7cm - MRI or surgery

Hemorrhagic Cyst (cystic & lace-like echos; nodular component w/o flow)

Low Risk (Pre-menopausal)

- * < 5 cm – Done , no f/u needed
- * > 5 cm – 6-12 week u/s follow up:
 - Resolved – done
 - Unchanged - MRI

High Risk (post-menopausal, personal of family hx, genetic risk)

- * < 5cm
 - * Early Menopause-6-12 week f/u u/s
 - Resolved – done
 - Unchanged – MRI
 - * Late Menopause
 - MRI or surgery
- * > 5 cm - MRI or Surgery

Any Other Cyst

Low Risk (Pre-menopausal)

- * Thin septation/small calcification – 6-12 f/u ultrasound
 - Resolved – done
 - Unchanged – MRI
- * Multiple thin/thick septations, solid component, ascites, LA
 - Surgery

High Risk (post-menopausal, personal of family hx, genetic risk)

- * Thin septation/small calcification
 - MRI vs surgery
- * Multiple/thick septations, solid w/ flow, ascites, LA
 - Surgery