**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

**Management of Asymptomatic Ovarian and Other Adnexal Cysts Imaged at US**; Society of Radiologists in Ultrasound Consensus Conference Statement; *Ultrasound Quarterly & Volume 26, Number 3, September 2010, PP 121-131.*