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
* > 7 cm – MRI or surgery

High Risk (post-menopausal, personal of family hx, genetic risk)
* < 2 cm - Done, no follow up
* 2-7 cm – Yearly follow up
* > 7 cm - 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)
* < 5 cm
  * 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.