

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.*