Ovarian Cyst – Incidental Finding

**CLINICAL PRESENTATION**

- Incidental
- Adnexal Cystic Mass on CT, MRI (greater than or equal to 1 cm)
- Post-Menarchal, Non-Pregnant

**INITIAL EVALUATION**

- Benign-appearing cyst
  - Incidental
  - Adnexal Cystic Mass on CT, MRI (greater than or equal to 1 cm)
  - Post-Menarchal, Non-Pregnant

- Probably benign cyst
  - Probable diagnostic features

- Other imaging features

- Features not specific

**PRESENTATION**

- Less than or equal to 5 cm
- Greater than 5 cm
  - Transvaginal ultrasound follow-up at 6-12 weeks

- Less than or equal to 3 cm
- Greater than 3 cm
  - Transvaginal ultrasound follow-up at 6-12 weeks

- Less than or equal to 3 cm
- Greater than 5 cm
  - Transvaginal ultrasound promptly, see cysts with benign characteristics on Pages 3-5 for cyst management

- Less than or equal to 3 cm
- Greater than 3 cm
  - Transvaginal ultrasound promptly, see cysts with benign characteristics on Pages 3-5 for cyst management

- Less than or equal to 1 cm
- Greater than 1 cm
  - Transvaginal ultrasound promptly, see Pages 3-7 for cyst management

- Manage as appropriate for diagnosis

**REFERENCES**

1. Should have all of the following features on CT, MRI: (a) oval or round; (b) unilocular, with uniform fluid attenuation or signal (laying 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

**DISCLAIMER**

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**Approved by the Executive Committee of the Medical Staff on 10/20/2020**

**Department of Clinical Effectiveness V3**
## APPENDIX A: Recommendations for Management of Asymptomatic Ovarian and Other Adnexal Cysts

<table>
<thead>
<tr>
<th>Normal appearance</th>
<th>Follow-up</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **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 |

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

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<th>Normal appearance</th>
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</thead>
</table>
| 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 |

<table>
<thead>
<tr>
<th>Cysts with benign characteristics</th>
<th>Follow-up</th>
<th>Comments</th>
</tr>
</thead>
</table>
| 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 7 cm: 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 |
**APPENDIX A: Recommendations for Management of Asymptomatic Ovarian and Other Adnexal Cysts - continued**

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<tr>
<th>Cysts with benign characteristics</th>
<th>Follow-up</th>
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</thead>
<tbody>
<tr>
<td>Hemorrhagic cyst</td>
<td>Reproductive age:</td>
<td></td>
</tr>
<tr>
<td>● Reticular pattern of internal echoes</td>
<td>• Less than or equal to 5 cm: Not needed</td>
<td></td>
</tr>
<tr>
<td>● With or without solid appearing area with concave margins</td>
<td>• Greater than 5 cm: 6-12 weeks follow-up to ensure resolution</td>
<td></td>
</tr>
<tr>
<td>● No internal flow</td>
<td>Early PM:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any size: Follow-up to ensure resolution</td>
<td></td>
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<tr>
<td></td>
<td>Late PM: Consider surgical evaluation</td>
<td></td>
</tr>
</tbody>
</table>

**Endometrioma**

- Homogenous low level internal echoes
- No solid component
- With or without tiny echogenic foci in wall

**Dermoid**

- Focal or diffuse hyperechoic component
- Hyperechoic lines and dots
- Area of acoustic shadowing
- No internal flow

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.

Any age: Initial follow-up at 6-12 weeks, then if not surgically removed, follow-up yearly

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

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<tbody>
<tr>
<td>Hydrosalpinx</td>
<td></td>
<td></td>
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<tr>
<td>• Tubular shaped cystic mass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• With or without short round projections (“beads on a string”)</td>
<td></td>
<td></td>
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<tr>
<td>• With or without waist sign (i.e. indentations on opposite sides)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• May or may not be seen separate from the ovary</td>
<td></td>
<td></td>
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<tr>
<td>Peritoneal inclusion cyst</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Follow the contour of adjacent pelvic organs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ovary at the edge of the mass or suspended within the mass</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• With or without septations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Any age: As clinically indicated</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cysts with indeterminate, but probably benign, characteristics</th>
<th>Follow-up</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings suggestive of, but not classic for, hemorrhagic cyst, endometrioma or dermoid</td>
<td>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</td>
<td></td>
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### APPENDIX A: Recommendations for Management of Asymptomatic Ovarian and Other Adnexal Cysts - continued

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<tbody>
<tr>
<td>Thin-walled cyst with single thin septation or focal calcification in the wall of a cyst</td>
<td>Follow-up based on size and menopausal status, same as simple cyst described above</td>
<td></td>
</tr>
<tr>
<td>Multiple thin septations (less than 3 mm)</td>
<td>Consider surgical evaluation</td>
<td>Multiple septations suggest a neoplasm, but if thin, the neoplasm is likely benign</td>
</tr>
<tr>
<td>Nodule (non-hyperechoic) without flow</td>
<td>Consider surgical evaluation or MRI</td>
<td>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</td>
</tr>
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<table>
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<th>Cyst with characteristics worrisome for malignancy</th>
<th>Follow-up</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thick (greater than 3 mm) irregular septations</td>
<td>Any age: Consider surgical evaluation</td>
<td></td>
</tr>
<tr>
<td>Nodule with blood flow</td>
<td>Any age: Consider surgical evaluation</td>
<td></td>
</tr>
</tbody>
</table>
SUGGESTED READINGS


SUGGESTED READINGS - continued


Ovarian Cyst – Incidental Finding

This practice consensus statement is based on majority opinion of the Ovarian Cyst Management workgroup at the University of Texas MD Anderson Cancer Center for the patient population. These experts included:

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