



# CHARACTERIZATION AND FOLLOW UP OF SIMPLE OVARIAN CYSTS



# Categorizing Cysts

## Simple

- Thin wall (<3mm)
- No calcification or septate
- Completely anechoic (may not be when there is internal hemorrhage)
- Through transmission
- No solid components

## Complex

- Note the complexity- eg. Septations, wall thickening, nodules
- If it is not simple, it is complex



# No Follow Up

Pre-  
Menopausal

Simple Cysts  $\leq 3$   
cm: no need to  
mention in report

Simple Cysts  $> 3$   
and  $\leq 5$  cm:  
mention in report,  
include it is almost  
certainly benign

Post-  
Menopausal

Cysts  $\leq 1$  cm: at the  
radiologist's  
discretion if it is in  
the report

# Annual Follow Up

Pre-  
Menopausal

Cysts  $>5$  and  $\leq 7$  cm: Describe in the report stating they are almost certainly benign;

Ultrasound follow up in 12 months

Post-  
Menopausal

Cysts  $>1$  and  $\leq 7$  cm: Describe in the report stating they are almost certainly benign

Ultrasound follow up in 12 months

# Special Follow Up

Pre-  
Menopausal

Cysts >7 cm

MRI or Surgical  
Evaluation  
should be  
considered

Post-  
Menopausal

Cysts >7 cm

MRI or Surgical  
Evaluation  
should be  
considered



# Appropriateness Resource

If you want information on which exams are more appropriate than others you can follow the outlines on this website:

<http://www.acr.org/~media/ACR/Documents/AppCriteria/Diagnostic/ClinicallySuspectedAdnexalMass.pdf>