Management of Simple Ovarian and Other Adnexal Cysts Imaged on Ultrasound

**Introduction and Aim**

Consistency in reporting, follow up and management recommendations of simple and other adnexal cysts detected on ultrasound.

**Objectives**

- Ensure the standardisation of gynaecological ultrasound examinations.
- Consistent management of Gynae ultrasound scanning by Sonographers / Radiologists to facilitate an accurate and thorough approach to the examination with accurate reporting to the referring clinician.

**Scope**

This guideline applies to all of our staff within the Radiology Directorate in all locations including those with honorary contracts. (excludes medical physics – pelvic mass clinic)

**Equality Health Impact Assessment**

An Equality Health Impact Assessment (EHIA) has not been completed.

It did not appear relevant and proportionate at this time to undertake a full Equality Impact Assessment.

**Documents to read alongside this Procedure**

- Ovarian cancer: recognition and initial management Clinical guideline [CG122] Published date: April 2011
- Ovarian cancer Quality standard [QS18] Published date: May 2012
- The Management of Ovarian Cysts in Postmenopausal women Green-top Guideline No. 34 July 2016
### Background

The document titled "Management of Simple Ovarian and other Adnexal Cysts Imaged on Ultrasound" outlines the management strategies for ovarian and adnexal cysts observed during ultrasound imaging. It is approved by the Clinical Diagnostics and Therapeutics Clinical Board Quality Safety and Experience Subcommittee, with the approval date being 13 Sep 2017.

The document is approved by Dr. M Bourne, Clinical Board Director, and authored by Dr. Susan Morris, Consultant Radiologist, and Nerys Thomas, Superintendent Sonographer.

A disclaimer notes that if the review date of this document has passed, users should ensure they are using the most up-to-date version by contacting the document author or the Governance Directorate.

### Summary of reviews/amendments

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The original guidelines were compiled in 2011. This was in joint agreement with Radiology and the Obs and Gynae directorate based on a publication in Radiology 2010,3,943-954. "Management of asymptomatic ovarian and other adnexal cysts imaged at US", Levine et al:

Previous to these guidelines there was inconsistency of reporting, follow up and management of these pathologies.

This guideline also supported the justification and vetting of requests ensuring that the management of these pathologies was consistent across the service.

It was decided to review the 2011 document in line with current advice and practice. This documented was put out for a period of consultation. On receipt of all comments an amended guideline was compiled and all changes agreed based on the responses, local and national guidelines.

At a recent discussion between radiology and the GPs, it was clear that in cases where an early follow up scan was indicated it would be beneficial to all parties if it was arranged during the initial radiology visit; this both ensures patient compliance and improves diagnostic accuracy.

In the 2011 guideline follow up was advised.

Also on discussion with the Pelvic Mass Clinic (PMC) leads it was decided that advice to refer to the dedicated PMC clinic was included in the radiology report for specific pathologies detected on ultrasound which met the PMC referral criteria.

Management of Simple Ovarian and Other Adnexal Cysts Imaged on US:

SIMPLE CYSTS

- Round or oval with smooth thin walls. No solid component or septation. No doppler flow.
- A single thin septation or small calcification in the wall – protocol as per simple cyst.

In women of reproductive age:

- 1. Cysts ≤3 cm: Normal physiologic findings:
  Report as normal. Do not need follow-up

- 2. Cysts >3 and ≤5 cm: Should be described in the imaging report
  Do not need follow-up

- 3. Cysts >5cms: Should be described in the imaging report;
8 Wk follow up appointment to be arranged by Radiology.

If persistent advise referral for further evaluation to the Pelvic Mass Clinic advised

In postmenopausal women:

- 1. Cysts ≤1 cm: Are clinically inconsequential; Do not need follow-up.

- 2. Cysts >1 cm

Referral for further evaluation to the Pelvic Mass Clinic advised

HAEMORRHAGIC CYSTS

- Complex cyst with reticular internal echoes, solid elements with concave margins.

- If not classic in appearance follow complex cyst protocol.

In women of reproductive age

- 1. Cysts ≤3 cm: Describe findings in keeping with hemorrhagic cyst. Do not advise follow up.

- 2. Cysts >3 and ≤7 cm: Describe findings in keeping with hemorrhagic cyst.

  8 Wk follow up to be arranged by Radiology

  If appearances are of resolving haemorrhagic cyst Radiology to arrange follow up scan further 8 weeks.
If persistent >3cms advise referral for further evaluation to the Pelvic Mass Clinic advised

- **4. Cysts >7 cm**: Describe findings,

  Referral for further evaluation to the Pelvic Mass Clinic advised

In postmenopausal women:

Not physiological therefore not a likely finding.

See Complex Cyst Guideline

**COMPLEX CYSTS**

To include one or more of the following ultrasound features:

1. Multiple thin septations
2. Solid nodule +/- Doppler flow
3. Thick irregular septations

In women of reproductive age:

- **1. Cysts ≤3 cm**: Describe findings.

  8 Wk follow up to be arranged by Radiology

If unchanged referral for further evaluation to the Pelvic Mass Clinic advised

- **2. Cysts >3cms**

  Referral for further evaluation to the Pelvic Mass Clinic advised
In postmenopausal women:

- **All complex cysts:**
  
  Describe findings.

  **Referral for further evaluation to the Pelvic Mass Clinic advised**

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**Endometriomas**

- Homogenous low level internal echoes
- Small echogenic foci in wall.

**Women of reproductive age:**

- If not classic in appearance follow complex cyst protocol
- All sizes, Describe findings as in keeping with endometrioma.

**Dermoid cysts**

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

**Women of reproductive age:**

- If not classic in appearance follow complex cyst protocol
- All sizes, Describe findings as in keeping with dermoid.

**In postmenopausal women:**

- **All complex cysts:**

  Describe findings.

  **Referral for further evaluation to the Pelvic Mass Clinic advised**
**IF IN DOUBT ABOUT APPEARANCES OF CYST, DISCUSS WITH CONSULTANT RADIOLOGIST.**

**Pelvic Ultrasound Imaging Technique**


“A Pelvic Ultrasound is the single most effective way of evaluating an ovarian mass with transvaginal sonography being preferable due to its increased sensitivity over transabdominal ultrasound”

**TVS Should be performed in all cases where pathology is suspected or image quality is suboptimal**

**The Management of Ovarian Cysts in Postmenopausal women Green-top Guideline No. 34 July 2016**

“A Transvaginal pelvic ultrasound is the single most effective way of evaluating ovarian cysts in postmenopausal women”

“Transabdominal ultrasound should not be used in isolation. It should be used to provide supplementary information to transvaginal sonography particularly when an ovarian cyst is large or beyond the field of view of transvaginal ultrasound”

**TVS Should be performed in all cases where pathology is suspected or image quality is suboptimal**