

8. Findings on ultrasound: Ovarian lesions, fallopian tube & other

Dear [Dr ____],

Advice and guidance response pertaining to [Patient name].

Ovarian lesion:

Pre-menopausal women:

- Simple cyst (including with thin septations) and haemorrhagic cysts under 5cm are usually physiological and need no action. No scan surveillance or Ca125 measurement is necessary
- Larger cysts >5cm are unlikely to resolve
- Ovarian endometriomas are NOT suspicious and do not require Ca125 to be measured
- Dermoid cysts are not suspicious and do NOT require Ca125 to be measured. Annual USS surveillance is recommended if not referred for removal

Post-menopausal women:

- Simple cysts <3cm need no action
- Simple cysts from 3cm to 7cm AND a normal Ca125 should have USS and Ca125 surveillance at 6 months and 12 months
- Simple cysts over 7cm in size should be referred for further assessment and possible removal

Other lesions:

- Free fluid in the pouch of Douglas is common and generally physiological
- Small cystic structures in the cervix are usually Nabothian follicles and not a sign of malignancy
- Normal USS does not rule out endometriosis
- Normal fallopian tubes are typically not seen on US

Ovarian lesions routine referral

- Symptomatic simple cysts > 5cm in pre-menopausal women
- Dermoid cysts (symptomatic or asymptomatic) over 5cm
- Symptomatic endometriomas in pre-menopausal women

Urgent referral:

- Cysts of any size with solid areas or papillary projections at any age
- Cysts of any size with a raised Ca125 in post-menopausal women
- Cysts in post-menopausal women that are increasing in size or developing suspicious features during surveillance
- Simple cysts in post-menopausal women over 7cm in size

Fallopian tube

- Hydro salpinges may be difficult to differentiate from ovary lesions by USS, refer if unclear origin, post-menopausal or symptomatic
- Pelvic examination to be completed in primary care

Relevant guidance:

<https://cks.nice.org.uk/topics/polycystic-ovary-syndrome/>

<https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/ovarian-cysts-in-postmenopausal-women-green-top-guideline-no-34/>

<https://www.rcog.org.uk/guidance/browse-all-guidance/green-top-guidelines/ovarian-masses-in-premenopausal-women-management-of-suspected-green-top-guideline-no-62/>

If referring back, please state that the referral has already been through Advice and Guidance and include previous correspondence so we don't duplicate advice.

With kind regards,

[Responding clinician name and role]