



CLINICAL GUIDELINE

Ovarian Pathology in Adults

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

Greater Glasgow and Clyde Ultrasound Guidelines for Ovarian Pathology in Adults

SIMPLE CYSTS

	<u>Pre menopausal</u>	<u>Post menopausal</u>
<3 cm	No further action	CA125 + repeat TVUS at 4 monthly intervals for 1 year. If no change discharge without Gynae referral if non symptomatic.
3-5 cm symptomatic cyst	Repeat in 12 weeks. If larger or unchanged suggest Gynae ref.	Refer to Gyn.
3-5 cm multiple simple cysts which could represent a single loculated cyst	F/up with TV scan US in 6 weeks to demonstrate resolution. Refer if not decreasing in size. If no TV access, needs TV scan through Gynae.	
< 5 cm asymptomatic simple cyst	No further action required	CA125 + repeat TVUS at 4 monthly intervals for 1 year. If no change discharge without Gyn referral. If symptomatic, refer to Gyn as above.
5-7 cm	Likely Benign. Suggest CA125, Gynae referral with a view to annual US if thought appropriate by Gyn.	As Above
>7 cm	Likely benign, but nevertheless requires Gynae referral and Ca 125.	As above

COMPLEX CYSTS

Corpus luteum	Normal finding. No follow up required.
Dermoid cyst	Refer to Gynae with CA125
Complex cyst <5 cm	F/up with TV scan US in 6 weeks to demonstrate resolution. Refer if not decreasing in size. If no TV access, needs TV scan through Gynae.
Complex Cyst > 5 cm	Gynae referral and Ca 125.
Indeterminate cyst/mass after TVUS	Gynae referral with CA125(who will decide if MRI appropriate)

Cyst with frankly malignant features or solid mass ANY size	Gynae referral, CA125 and Staging CT (chest,abdo,pelvis). NB If < 25 yrs further tumour markers and MRI prior to CT may be arranged at the discretion of Gyn.
POST MENOPAUSAL ANY SIZED COMPLEX CYST	Gynae referral, CA 125 and staging CT (chest, abdo, pelvis) but if age <40 yrs, further tumour markers and MRI - additional CT at discretion of Gynae MDT.

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Approving Group: Diagnostic Clinical Governance Group