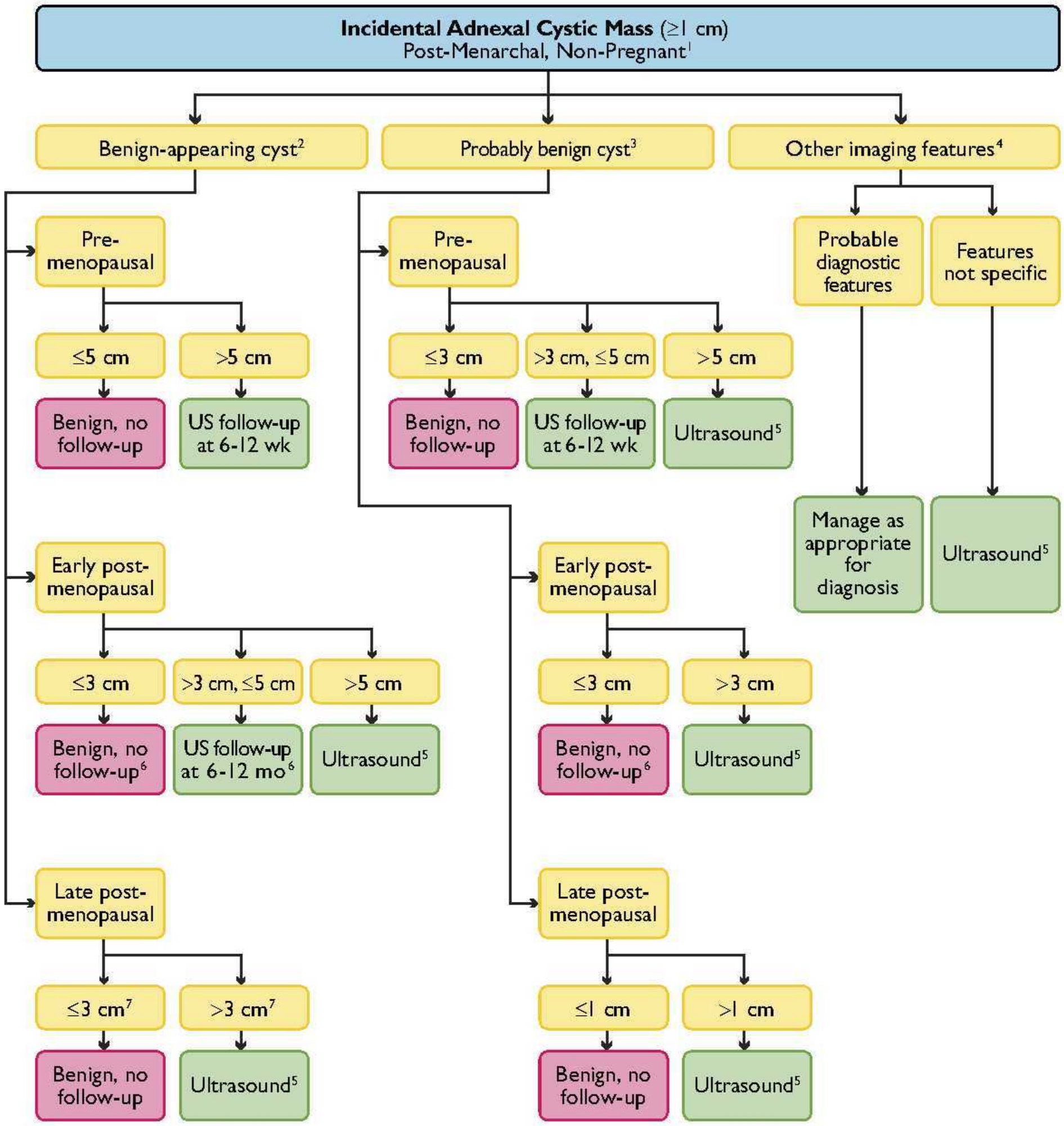

Fig 1. Incidental adnexal cystic mass flowchart. [1]Exclusions: (a) normal findings, including hypodense ovary, crenulated enhancing wall of corpus luteum, asymmetric ovary (within 95% confidence interval for size) with normal shape; (b) unimportant findings, including calcifications without associated noncalcified mass; (c) previous characterization with ultrasound or MRI; and (d) documented stability in size and appearance for >2 years. [2]Should have all of the following features: (a) oval or round; (b) unilocular, with uniform fluid attenuation or signal (layering hemorrhage acceptable if premenopausal); (c) regular or imperceptible wall; (d) no solid area, mural nodule; and (e) <10 cm in maximum diameter. [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 (eg, a portion of the cyst may be obscured by metal streak artifact on CT of the pelvis), and (d) the image has reduced signal-to-noise ratio, usually because of technical parameters or in some cases because 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. [5]This indicates that ultrasound should be performed promptly for further evaluation, rather than in follow-up. [6]A benign-appearing cyst ≤5 cm with suspected internal hemorrhage in a patient aged ≤55 years, or within 5 years of menopause, should be followed in 6 to 12 weeks because hemorrhagic cysts in early postmenopause are possible, although rare. [7]May decrease threshold from 3 cm to lower values down to 1 cm to increase sensitivity for neoplasm.