Pelvic mass

Clinical history and physical examination

Gynaecological conditions

- US
  - Benign conditions:
    - Haematocolpos
    - Simple ovarian cyst
    - Pelvic dermoid
    - Pelvic inflammatory disease
    - Fibroid
    - Adenomyosis
    - Endometriosis

Non-gynaecological conditions

- CT/colonoscopy
  - Indeterminate ovarian or uterine mass
  - Malignant conditions:
    - CA ovary
      - CA cervix
      - CA endometrium
      - Uterine fibrosarcoma
    - MRI
    - CXR
      - CT abdomen & pelvis
    - MRI abdomen & pelvis

Treatment + follow-up US
REMARKS

1 US
1.1 A pelvic US is the single most effective way of evaluating an ovarian mass with transvaginal US preferred due to its increased sensitivity over transabdominal US.
1.2 A combination of the transvaginal and transabdominal routes may be appropriate for the assessment of larger masses and extra-ovarian disease.
1.3 There is not yet a clearly established role for colour-flow Doppler in assessing ovarian cysts.
1.4 Ovarian cysts that persist or increase in size after several cycles are unlikely to be functional.
1.5 In large pelvic mass or suspected pelvic malignancy, renal areas should be examined to exclude hydronephrosis.
1.6 The routine use of CT and MRI for assessment of ovarian masses does not improve the sensitivity or specificity obtained by transvaginal US in the detection of ovarian malignancy.

2 CT
2.1 CT is useful to delineate high pelvic or iliac fossa lesion, the tumour extent, and to assess metastasis.

3 MRI
3.1 With its high soft tissue contrast sensitivity, MRI is useful for further characterization of indeterminate ovarian or uterine mass and for local staging of uterine/cervical malignancy.
3.2 For workup of CA ovary, MRI is recommended for patients with a contraindication to the use of iodinated contrast agents (e.g. allergy, mild-to-moderate renal insufficiency), patients who are pregnant, patients of childbearing age with borderline tumours (to minimize ionizing radiation exposure).

REFERENCES