



Fig 1. Management of incidental adnexal masses detected on CT or MR. ^aExclusions: (1) normal findings, including cretulated enhancing wall of corpus luteum, asymmetric ovary without mass, with normal shape; (2) calcifications without associated noncalcified mass; (3) previous characterization with ultrasound (US) or MRI; or (4) documented stability in size and appearance for 2 years. ^bLimited assessment on CT or MR: As defined in the article, this means the cyst is consistent with a simple-appearing cyst, but characterization is limited by low signal-to-noise ratio, artifact, lack of contrast assessment, or incomplete anatomic coverage. ^cUS or MRI to characterize means that the study should be performed promptly for further evaluation, rather than in follow-up to assess temporal changes. ^dFully characterized by MR: As defined in the article, this means the cyst has been characterized with (1) T2-weighted images; (2) pre- and postcontrast T1-weighted images; and (3) complete anatomic coverage in at least two imaging planes. ^eAssumes mass has not already been fully characterized by MR. Yellow boxes indicate using or acquiring clinical data (eg, lesion size), green boxes describe recommendations for action (eg, follow-up imaging), and red boxes indicate that work-up or follow-up may be terminated (eg, if the finding is presumed to be benign).