Clinically Suspected Adnexal Mass, No Acute Symptoms

When a woman has an ovarian mass, accurate imaging of it is important so that the correct diagnosis is made. Ultrasound (US) (https://www.radiologyinfo.org/en/info/pelvus) and MRI can be used to find a growth in or around the uterus, ovaries, or fallopian tubes (adnexal mass) and to determine whether or not it is cancerous (malignant) or not (benign).

If an adnexal mass is clinically suspected in a woman with no acute symptoms, initial imaging using US duplex Doppler pelvis, US pelvis through the vagina (transvaginal), and US pelvis through the abdomen (transabdominal) are done together.

If a likely benign mass is found, US duplex Doppler of pelvis, US pelvis transvaginal, and US pelvis transabdominal are done together as initial follow-up. MRI pelvis without and with intravenous (IV) contrast or MRI pelvis without IV contrast may be appropriate.

If it is unclear if the mass is benign, US pelvis transvaginal, US duplex Doppler pelvis, US pelvis transabdominal, and MRI pelvis without and with IV contrast are done together as initial follow-up. In postmenopausal women, CT pelvis without and with IV contrast may be appropriate.

If cancer is suspected, CT abdomen and pelvis (https://www.radiologyinfo.org/en/info/abdominct) with IV contrast and MRI pelvis (https://www.radiologyinfo.org/en/info/mri-abdomen-pelvis) without and with IV contrast are done together as initial follow-up. US pelvis transabdominal or US pelvis transvaginal may be appropriate.

In pregnant women, US duplex Doppler pelvis, US pelvis transabdominal, and US pelvis transvaginal are done together for initial imaging and follow-up. MRI pelvis without IV contrast may be appropriate.

For more information, see the Ovarian Cancer page (https://www.radiologyinfo.org/en/info/ovarian-cancer) .

— By Susan Anemone and Karin E. Dill, MD. This information originally appeared in the *Journal of the American College of Radiology*.

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