

Clinical Cancer MRI

Incidental Adnexal Masses in Cancer Patients: Act, Ignore or Follow?

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Highlights

- US is usually the first line of imaging for adnexal lesions, however MRI can obviate the need for surgery due to its increased specificity.
- There are three general morphologic categories adnexal masses are groups into on imaging.
 - Simple and benign cystic lesions
 - May be left alone versus imaging follow up.
 - Indeterminate cystic lesions: Contain thick septations (>3mm) or solid components, but have no blood flow or enhancement to the septations or solid components.
 - MRI may be used to further differentiate benign from worrisome features.
 - Worrisome lesions: Lesions with thick septations or solid component with blood flow and enhancement; +/- adjacent ascites or metastatic lesions.
 - Gynecological oncology consultation is appropriate.
- Incidental lesions in women with non-ovarian primaries can be grouped into the same three morphological categories and approached similarly to the general population, unless the women is known BRCA+, has a history of Lynch syndrome, family history of ovarian cancer, or other risk factors for ovarian cancer.

Target audience: radiologists, MR technologists and clinical support scientists

Objectives: Address the management of incidentally discovered adnexal lesions in women with cancer.

PURPOSE: Due to the continuous follow up of cancer patients with cross-sectional imaging, incidentally discovered adnexal lesions are a common dilemma in women with non-ovarian primaries.

METHODS: Use the existing literature to manage incidentally discovered adnexal lesions based on lesion's morphology.

RESULTS: More confidently manage incidental adnexal lesions discovered in cancer patients.

DISCUSSION: Women with non-ovarian primaries, who are not at high risk for ovarian cancer, can be treated like the general population would for their incidentally discovered adnexal lesions.

CONCLUSION: Incidental adnexal lesions discovered in women with non-ovarian primaries can be managed based on the lesion's morphology.

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