Background
Adnexal masses are a common clinical problem in females and can be due to benign or malignant causes. The objective of imaging adnexal masses is to enable a reliable, cost-effective means of differentiating between benign and malignant causes to allow for appropriate referral and management [1].

Standard
The Royal College of Obstetricians and Gynaecologists (RCOG) recommends pelvic ultrasound imaging, particularly transvaginal ultrasound as the first line and most effective imaging modality for evaluating adnexal masses, with MRI reserved for indeterminate or complex masses.

Indicator
To determine our accuracy at diagnosing benign ovarian cystic lesions on ultrasound in order to avoid unnecessary MRI follow-up.

Methodology
A retrospective analysis of MRI reports was undertaken over a 5 month period and report texts which included ovarian cysts were acquired. The search criteria was further narrowed down to include simple, benign, functional, physiological, polycystic ovarian syndrome (PCOS) cysts. Exclusion criteria: Incidental finding of cyst on scan and abandoned scan.
Total number of cases - 85

Results
52/85 cases (61%) were simple, benign cysts
33/85 cases (39%) was a mixture of complex but benign cysts and malignant cysts.
The results show that currently, over 60% of follow-up MRI scans are simple benign cysts. This does not meet the 100% accuracy target, and furthermore, it increases the cost and resource burden to the department.

Action plan
The audit was presented at a departmental clinical governance meeting and the results were conferred to the radiologists and sonographers who do the bulk of pelvic imaging. The same results were also passed on to the gynaecology clinicians who refer majority of the cases for follow-up imaging.
- Continuing education regarding ultrasound diagnosis and follow-up of benign cysts
- Discussion with referrers regarding improved clinical information to guide imaging
- Re-audit following implementation of these to assess for improvement.

References
2) Management of suspected ovarian masses in premenopausal women. RCOG. Green top guideline No 62 (2011)

Read More: http://www.ajronline.org/doi/full/10.2214/AJR.09.3522/#_i70