



## **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**

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