

Madigan Army Medical Center Referral Guidelines

Pelvic Mass (Adult Female)

Diagnosis/Definition

- Mass in the pelvis by physical examination or found incidentally during diagnostic imaging studies (ultrasound, MRI).
- May be cystic or solid and occur in any age group.
- May originate from cervix, uterus, adnexa, and from other organs i.e., GU, bowel, musculoskeletal, vascular, lymphatic or nervous systems.

Initial Diagnosis and Management

- Pelvic mass found on exam or seen on diagnostic imaging studies.
- Management: stool guaiac, BHCG, and imaging (pelvic ultrasound, trans abdominal/vaginal) if not previously performed.
- Women of reproductive age may have functional cysts. Functional cysts are less than 8 cm. in size, not fixed to other pelvic structures and have no solid components noted on imaging. They rarely occur in women using oral contraceptives, so these women may be referred. It is reasonable to observe suspected functional cysts for 2-3 menstrual cycles and repeat imaging to assess interval changes.

Ongoing Management and Objectives

To rule out malignant tumors and life threatening conditions like ectopic gestation.

Indications for Specialty Care Referral

- Persistent masses (> than 2 menstrual cycles) in reproductive aged women, lesions exceeding 8 cm., fixed masses or masses with solid components require referral to GYN whether or not symptomatic.
- Any post-menopausal mass.
- Patient request.
- Note patient's age, result of BHCG. Refer all patients with suspected abnormal pregnancy, malignancy and masses requiring surgical intervention.

Criteria for Return to Primary Care

- Completion of specialty care evaluation.
- Periodic follow-up in GYN may be required.

Last Review for this Guideline: **September 2009**
Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator