As the hormonal signals between the brain and ovaries develop in adolescence, the formation of ovarian cysts (dominant follicles) is common and often physiologic.

Follicular cysts are simple cysts which are a normal physiological finding during the menstrual cycle when a developing follicle does not ovulate. After ovulation, follicles become a corpus luteum and can become hemorrhagic (containing a small amount of blood).

**ASSESSMENT**
Perform a standard health history and physical exam (HPE) with probing questions regarding pubertal status, and review or obtain pelvic ultrasound (transabdominal). Pelvic exam is generally not indicated.

**MANAGEMENT/TREATMENT**
Consider patient symptoms and ultrasound findings in determining follow-up.
- If asymptomatic or mild symptoms and simple/hemorrhagic cyst:
  - Less than 4 cm, reassure patient
  - 4–7 cm, repeat pelvic ultrasound in 6–12 weeks
  - Greater than or equal to 8 cm, refer to Cincinnati Children’s Gynecology
- If complex cyst, refer to Cincinnati Children’s GYN/Surgery Multidisciplinary Care.
- If follow-up ultrasound shows stable/enlarged cyst or patient is symptomatic, refer to Cincinnati Children’s Gynecology.
Ovarian Cysts in Pubertal Patients

Patient Presents
Cyst identified on ultrasound

Standard Workup
- Medical and Menstrual History
- Family History
- Physical Exam

HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS

Situational History
- Premenarchal
- Virilization/voice deepening
- Acute abdominal pain, nausea, vomiting

Patient History
- History of bleeding tendencies (frequent nosebleeds, bruises easily, or prior hemorrhagic cysts)
- History of ovarian torsion
- History of oophorectomy or unilateral ovary

Family History
- Familial/hereditary cancer predisposition (e.g., DICER-1)
- Family history of bleeding disorder

Current Symptoms

Acute, severe symptoms
Ovarian torsion should be considered if:
- Acute pain, nausea and vomiting
- Unilateral enlarged ovary with or without peripheral follicles on ultrasound

Refer to Cincinnati Children’s Emergency for evaluation

None/mild symptoms (incidental finding)
Ultrasound findings

Simple or hemorrhagic

Less than 4 cm
Follow-up pelvic ultrasound in 6–12 weeks
Resolved
No follow-up required
Still present:
- Stable
- Enlarged
- Symptomatic

4–7 cm
≥8 cm

Complex
- Solid component
- Papillary projections
- Ill-defined borders
- Thick septation
- Ascites
- Lymphadenopathy

Refer to Cincinnati Children’s GYN/Surgery Multidisciplinary Care

Follow-up pelvic ultrasound in 6–12 weeks

Refer to Cincinnati Children’s Gynecology

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.