

## **Ovarian Cyst**

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## Abstract

Ovarian cyst occurs frequently in woman of reproductive age. Ovarian cyst is fluid filled sacs in the ovary, very common in which they usually form during ovulation.” Most ovarian cysts are small and don’t show any signs or symptoms”. (Mayo Clinic). Woman may not find out that they have an ovarian cyst until they get a pelvic exam. These are usually functional cysts which resolve spontaneously, and which can be monitored and followed using an ultrasound machine. There are various types of ovarian cysts, such as dermoid cysts, and endometrioma cysts. However functional cysts are the most common type of cysts that occur. The most common are serious and mucinous cystadenomas in which they arise from the epithelial wall of the ovary, endometriomas which arise from the setting of the pelvic endometriosis, and dermoid cysts which arise from the germinal cells of the ovary. Endovaginally ultrasound with doppler enhancement is the best imaging technique to establish the nature of cysts and to distinguish for malignancy in which it would require for them to look more into it. There are many women with ovarian cyst who don’t show any signs and symptoms during. The cysts are usually harmless and normally they go away on their own. It is very rare that an ovarian cyst can become cancerous.

## Introduction

How common are ovarian Cysts? Who gets ovarian cysts? How do women know they have ovarian cysts? Ovarian cysts in general are common in American women but in which 95% of them are benign. They can be detected in almost all women of childbearing years on an ultrasound test, and in 14 to 17% of women after menopause. Most of them are functional cysts. A functional cyst is a sac that forms on the surface of a woman's ovary during or after ovulation, in which hold a maturing egg. Usually the sac goes away after the egg is released. Most of these cysts are harmless. (Ferrara,2010). Women from all races and ethnic backgrounds appear equally likely to develop functional ovarian cysts, although Caucasian women are more likely to develop cancerous cysts than woman of other races. Most cysts including early stage cancerous cysts, do not cause any noticeable symptoms and are usually found during an ultrasound test performed for other reasons.

There are many signs and symptoms when you feel like you might possibly have an ovarian cyst, but really, most cysts don't cause symptoms and usually go away on its own. A large ovarian cyst may cause pelvic pain, a dull or sharp ache in the lower abdomen on the side of the cyst, fullness or heaviness in your abdomen and or some symptoms of bloating to your stomach. Sometime some of these ovarian cyst causes might be due to stress and anxiety. Many other reasons such as nausea and vomiting,

breast tenderness, pain in the lower back or thighs, painful bowel movements, painful intercourse when and or after having sex. (Dupler,2009). An ovarian cyst often causes no problems, but

sometimes it can lead to complications such as a burst cyst in which the cyst will burst inside the abdomen, than in that case the patient will experience severe pain in the lower abdomen. (Mayo Clinic). In that case, if the cyst becomes infected that means they will be experiencing very bad pain in which it can cause bleeding. Possible symptoms may resemble those of appendicitis or diverticulitis. Very rare cases, an ovarian cyst may be an early form of ovarian cancer.

(Novakovic,2017). PCOS in which stands for Polycystic ovary syndrome is a condition that affects a women's hormone levels. This is a common and treatable cause of infertility. Women with PCOS produce higher than normal amounts of male hormones, as this condition also causes hair growth on the face and body, and baldness. Some more common signs and symptoms of PCOS include irregular periods or no periods at all, difficulty getting pregnant, weight gaining, and or oily skin or acne on the body. This condition of PCOS can contribute to long term health problems such as diseases and diabetes.”50 percent of women with PCOS are known to be obese”. Most PCOS symptoms can be controlled eliminated. Infertility can be corrected, and pregnancy achieved in most women. Women with this condition should have their glucose levels checked regularly to watch for the development of diabetes. Most types of cysts can't be prevented. As of 2009 there was known way to prevent the development of ovarian cysts except for surgical removal of both ovaries Regular medical checkups can, however, help in diagnosing ovarian cyst as soon as possible. Women should also keep track of the frequency and heaviness of their periods and contact their doctor immediately if they notice any changes in their usual

pattern that lasts for more than two cycles. (Rosen, 2009). “Women prone to ovarian cysts may be able to prevent new cysts from forming by using hormonal contraceptives”. There are many

ways an ovarian cyst can be treated. Some ovarian cysts are large enough to be felt when the doctor examines a patient's abdomen in the office or emergency room. Small benign ovarian cysts that are not causing any type of symptoms are typically treated first. The doctor can tell whether the cyst is filled with fluid, solid mass, or is a mixture of fluid and solid tissue. The reason being is because most functional cysts return in one to three months for a follow-up ultrasound to see whether the size of the cyst has changed size. The way to find out the size of how big an ovarian cyst has increased is by getting an ultrasound done. If the ultrasound and other tests that they might run indicate that the cyst is very large and is growing or can possibly be cancerous, the doctor may perform a type of surgery called laparoscopy to remove the cyst or a part of it from the ovary for examination under a microscope and send it in. If perhaps the cyst is found to be cancerous, surgery would possibly be considered by the doctor right then, to remove one or both ovaries. But going back to it if the cyst is cancerous and the woman is postmenopausal, the doctor may recommend surgical removal of the uterus as well as both ovaries to prevent the cancer from recurring or spreading. (Ferrara,2010). Women who have little or mild pain in the lower back or abdomen from ovarian cysts can usually take over the counter pain relievers such as ibuprofen or acetaminophen. The doctors may possibly also prescribe pain relievers that contain codeine or oxycodone if cramping is bad.

Surgery is usually indicated for patients who have not reached puberty and have an ovarian mass and in postmenopausal patients. Surgery is also indicated if the growth is larger than 4 inches, complex growing. Most ovarian cysts are cured with surgery but often recur

without it. Surgery options include removal of the cyst or removal of one or both ovaries. More than 90% of benign cysts can be removed using laparoscopy, which is usually a small surgery.

Ovarian cysts are a common occurrence in women of all ages. Pharmacists may be asked about the condition by their patients, especially if the patient is using hormonal contraceptives or is undergoing ovulation induction. Functional ovarian cysts are physiologic and usually resolve spontaneously within a couple of menstrual cycles. Combined oral contraceptives may be used to prevent the occurrence of these cysts; however, they do not accelerate cyst resolution. Ovarian neoplasms often are benign in women of reproductive age. The risk of an ovarian mass being malignant increases with age. Measurement of CA-125 may be helpful in distinguishing between benign and malignant ovarian masses, especially in postmenopausal women. While laparoscopy is commonly used to remove benign cysts, laparotomy is often preferred for removal of masses that may be malignant. In women with certain findings suggestive of malignancy, survival is increased when prompt referral to a gynecologic oncologist is made.