



830 Oak Street
Brockton, MA 02301
(508) 583-4961
Fax (508) 583-4732
Soheil.Hanjani@Steward.org

OVARY CYSTS

The ovaries are two small organs located on either side of a woman's uterus. An ovarian cyst is a sac or pouch filled with fluid or other tissue that forms on the ovary. It is normal for a small cyst to develop on the ovaries. In most cases, cysts are harmless and go away on their own. In other cases, they may cause problems and need treatment.

Types of Cysts

Ovarian cysts are quite common in women during their childbearing years. A woman can develop one cyst or many cysts. Ovarian cysts can vary in size. There are different types of ovarian cysts. Most cysts are *benign* (not cancerous). Rarely, a few cysts may turn out to be malignant (cancerous). For this reason, most cysts should be checked and followed.

Functional Cysts

The most common type of ovarian cyst is called a functional cyst because it forms as a result of ovulation, a normal function. Each month, an egg, encased in a sac called a follicle, grows inside the ovary. The egg is released from the ovary at the middle of the menstrual cycle, but it fails to release or if the follicle that held the egg seals off after the egg is released, a cyst might form. These cysts usually cause no symptoms or only mild ones. They usually go away in 6–8 weeks.

Dermoid Cysts

Dermoid cysts form from a type of cell capable of developing into different kinds of tissue, such as skin, hair, fat, and teeth. Dermoid cysts may be present from birth but can grow during a woman's reproductive years. These cysts may be found on one or both ovaries. Dermoid cysts often are small and may not cause symptoms. If they become large, they may cause pain. They will not usually go away by themselves.

Cystadenomas

Cystadenomas are cysts that develop from cells on the outer surface of the ovary. Sometimes they are filled with a watery fluid or a thick, sticky gel. They usually are benign, but they can grow very large and cause pain.

Endometriomas

Endometriomas are ovarian cysts that form as a result of endometriosis. In this condition, endometrial tissue—tissue that usually lines the uterus—grows in areas outside of the uterus, such as the ovaries. This tissue responds to monthly changes in hormones. Eventually, an endometrioma may form as the endometrial tissue continues to bleed with each menstrual cycle. These cysts are sometimes called “chocolate cysts” because they are filled with dark, reddish-brown blood.

PCOS (Polycystic Ovary Syndrome)

This disorder that occurs when levels of certain hormones are abnormal, may cause little cysts on the ovary, and also causes irregular or no menstrual periods, infertility, and excess hair growth. In severe cases, PCOS can lead to balding, lowering of the voice, and bigger muscles. Many women with PCOS produce too much insulin or the insulin they produce does not work as it should. This is one reason why women with PCOS tend to gain weight or have a hard time losing weight. They also have an increased risk of diabetes (a condition in which the levels of sugar in the blood are too high), high blood pressure, and heart disease. Women with PCOS produce an excess amount of male sex hormones called androgens. All women produce a certain amount of these hormones but when too much is produced, it can prevent ovulation, cause infertility, and can result in excess hair growth and irregular bleeding.

PCOS is a lifelong condition, but it can be treated. Treatment depends on the symptoms and whether a woman wants to become pregnant. Long-term treatment may be needed to help prevent endometrial cancer, diabetes, and heart disease. Daily exercise improves the body's use of insulin and can help relieve symptoms of PCOS. Many of the symptoms of PCOS may be improved by daily exercise for at least 30 minutes a day. Medications such as progesterone or birth control pills can be used to bring on regular menstrual bleeding. Women who wish to become pregnant may be given medications to help them ovulate. Some women with PCOS will be prescribed medication to lower their insulin levels, such as metformin.

Symptoms

Most ovarian cysts are small and do not cause symptoms. Some cysts may cause a dull or sharp ache in the abdomen and pain during certain activities. Larger cysts may cause torsion (twisting) of the ovary that causes pain. Cysts that bleed or rupture (burst) may lead to serious problems requiring prompt treatment. In rare cases, a cyst may be cancerous. In its early stages, ovarian cancer often has no symptoms, so you should be aware of its warning signs (see below). Often these symptoms do not signify the presence of cancer, but to be safe be sure to come in if you have any of them for a checkup. Ovarian cancer is very rare in young women, but the risk increases as a woman ages.

Warning Signs of Cancer of the Ovary:

Bloating
Pelvic or abdominal pain
Back pain
Enlargement or swelling of the abdomen
Inability to eat normally
Unexplained weight loss
Urinary frequency or incontinence
Constipation
Feeling tired
Indigestion

Diagnosis

An ovarian cyst may be found during a routine **pelvic exam**. If an enlarged ovary is found, tests may be recommended to provide more information:

Vaginal ultrasound—This procedure uses sound waves to create pictures of the internal organs that can be viewed on a screen. For this test, a slender instrument called a transducer is placed in the vagina. The views created by the sound waves show the shape, size, location, and makeup of the cyst.

Laparoscopy—In this type of surgery, a laparoscope—a thin tube with a camera—is inserted into the abdomen to view the pelvic organs. Laparoscopy also can be used to treat cysts.

Blood tests—If you are past or near menopause, in addition to an ultrasound exam, you may be given a test that measures the amount of a substance called CA125 in your blood. An increased CA 125 level may be a sign of ovarian cancer in women past menopause. In premenopausal women, an increased CA 125 level can be caused by many other conditions besides cancer.

Treatment

Several treatment options are available. Choosing an option depends on many factors, including the type of cyst, whether you have symptoms, your family history, how large the cyst is, and your age:

“Watchful” Waiting

If your cyst is not causing any symptoms, you may simply monitor it for 1–2 months and check to see whether it has changed in size. Most functional cysts go away on their own after one or two menstrual cycles. Even if you are past menopause and have concerns about cancer, regular ultrasound exams to monitor your condition may be enough. If the appearance of your cyst changes or if it gets bigger, treatment may be needed.

Birth Control Pills

If you keep having functional cysts, birth control pills may be prescribed to prevent you from ovulating. You are much less likely to form new cysts if you do not ovulate. This treatment may not always make cysts you already have go away. But it will prevent new functional cysts from forming.

Surgery

If your cyst is large or causing symptoms, you may need surgery. The extent and type of surgery that is needed depends on several factors: size and type of cyst, your age, your symptoms and your desire to have children.

Sometimes, a cyst can be removed without having to remove the ovary. This surgery is called cystectomy. In other cases, one or both of the ovaries may have to be removed. We may not know that until after the surgery begins. Usually the surgery can be done by laparoscopy, although sometimes a laparotomy (open) surgery will be needed.