

COMMON GYNAECOLOGICAL PROBLEM – OVARIAN CYSTS - CASE STUDY

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ABSTRACT

Ovarian cyst are common and affect women of all ages. In India 10 million cases per year are diagnosed with ovarian cyst. The majority of ovarian cyst are functional. The common risk factors for ovarian cyst may be irregular menstrual cycle, increased body weight, early menstruation (11 years or younger), and infertility. In this case study Ms. .X 21 years old women was diagnosed with left ovarian cyst. The size of the cyst was larger(8X6 cm). She undergone ovariectomy (removal of part of ovaries).

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INTRODUCTION

Ovarian cysts are small fluid -filled sacs or pockets with in or on the surface of an ovary. Most ovarian cyst are not cancerous. Many women develop them at sometime during their lives. Ovarian cyst can be physiological or pathological. Physiological cysts are mainly follicular and luteal cysts. They are painless and cause no symptoms. Usually disappearing on their own without the need of medical attention. However, sometimes a ruptured ovarian cysts can lead to severe pain and internal bleeding. The pain with ruptured ovarian cyst typically comes on one side only. The pain may begin during physical activity such as vigorous exercise or may begin during sexual intercourse. Pathological cysts are mainly ovarian tumors which may be benign or malignant. Both ruptured ovarian cyst and pathological ovarian cysts are requires medical/surgical treatment to prevent further complications.



Fig 1 Ovarian Cyst

Functional Cyst

Most ovarian cyst develop as a result of the normal function of the menstrual cycle. These are known as functional cyst. And are the most common types. Functional cyst are usually are harmless, rarely cause pain and often disappear on their own within two or three menstrual cycle. The functional ovarian cysts are classified into follicular and corpus luteal cyst.

Follicular cysts

During the menstrual cycle the egg grows inside a sac located inside the ovary which is called follicle cyst. Generally this follicle will break and release an egg but, if it does not break , the fluid found inside the follicle may produce a follicle cyst .

Corpus luteal cyst

Normally, follicle sacs will dissolve after releasing an egg. However, if the sac does not dissolve and the follicle seals, then extra fluid may develop inside of the sac, causing a corpus luteal cyst.

Pathological Ovarian Cyst

These types of cysts are for more uncommon and have formed as a result of an abnormal cell growth rather than the normal function of menstrual cycle. These cyst include dermoid cysts, cystadenomas and endometriomas

Dermoid cyst

These are cysts which contain tissue such as hair, skin, fatty tissue and can grow quite large. This type of cyst develops from cells which makes eggs in the ovary and has the possibility to develop into any type of cell. They should be removed surgically.

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Fig 2 Large Benign Tumor Extending From Ovary, Dermoid Cyst With Fibroid

Cystadenomas

These cyst develop from cells which cover the outer layer of the ovary and may filled with a watery liquid or a mucous material. Instead of growing inside the ovary, cystadenomas are typically attached by a stalk to the ovary and as such, they grow to a very large size. Most are benign and not cancerous, though they should be removed surgically.

Both dermoid cysts and cystadenomas can grow large in size which may cause ovarian torsion. it is very painfull, twisting of the ovary. This torsion is caused by the large growth of the cysts which blocking the blood supply.

Endometriomas

These cyst develop as aresult of endometriosis, a condition in which uterine endometrial tissue grow outside the womb, causing cysts on the ovaries. Endometriomas may also referred to as chocolate cysts, since the blood found within the cysts look like chocolate.

Case Study MS. X

Ms. X was admitted with the complaints of lower abdominal pain on and off for 1 week, and radiating to whole abdomen and vomitting. After investigation she was diagnosed as left ovarian cyst. Her cyst range was 8x6cm and she under gone ovariectomy surgery. Now she is under the medication such as Inj. Rantac 50 mg, Inj. Taxim,Inj. Traumadol

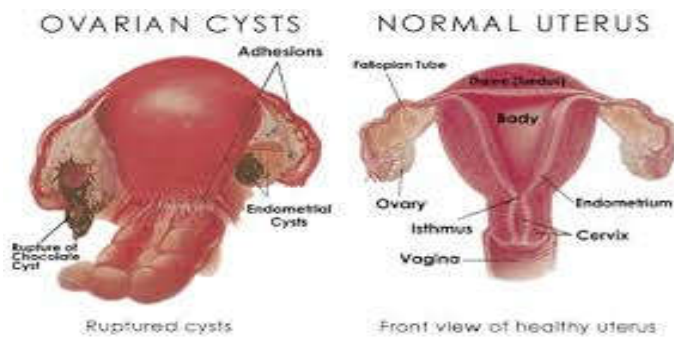


Fig 3 Comparison of Normal Uterus and Ovarian Cysts

Causes

Some of the causes of Ovarian cysts are

Book picture	Patient picture
Hypothyroidism	Absent
Infertility or women who are on treatment for fertility	Absent
Those taking tomoxifen, a drug to combat breast cancer	Absent
Irregular periods	Present
Early periods (before 11 years)	Present
A drugf called clomiphene may lead to formation of corpus luteum cyst	Present
Cigarette smoking also increases the risk of function ovarian cyst	Present

Clinical Manifestations

Most patients with ovarian cysts are asymptomatic. However, Some cysts may be associated with a range of symptoms, which includes the following.

Book picture	Patient Picture
Lower abdominal or pelvic pain	Present
Irregular menstrual periods	Present
Lower abdominal pain during menstrual period	Present
Pelvic pressure or fullness	Absent
Pelvic pain after strenuous exercise or sexual intercourse	Absent
Pain or pressure with urination or bowel movements	Present
Nausea and vomiting	Present
Vaginal pain	Present

Diagnostic Evaluation

- Most ovarian cyst are diagnosed with ultrasound or physical examination. Transvaginal ultrasound is the common way to examine ovarian cysts.
- CT or MRI scans may sometimes be necessary if an ultrasound is inconclusive regarding location or nature of the cyst.
- CA125 blood test: if there is an suspicious for cancerous tumor CA 125 blood test will be performed.

Treatment of Ovarian Cyst

Treatment of ovarian cyst depends upon its cause, size, and appearance. Possible treatment includes:

1. **Watchful expectancy:** In many cases, the ovarian cyst will remain the same size, decrease or even disappear, in which circumstance no treatment is usually required.
2. **Contraceptive pills:** It can helps to prevent some types of new cyst from developing.
3. **Laparoscopy:** Most ovarian cysts cn be removed using a laparoscopy which is minimally invasive and quicker recovery times.
4. **Surgery:** where a cyst is large, persistent, causing uncomfortable or painful problem or appears cancerous, surgery can be performed.
5. **Laparotomy:** where a cyst is exceptionally large or there is high chance that it could be cancerous, a laparotomy might be the best medical plan.

CONCLUSION

The complication associated with ovarian cyst include ovarian torsion. Cysts that enlarge can cause the ovary to move which increase a chance of painful twisting of the ovary (ovarian torsion). It can be manifested by severe pelvic pain, fever, nausea, and vomiting and immediate medical attention is needed for this condition.

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