

Ovarian cyst

Overview

Ovarian cysts are extremely common, particularly in women of child-bearing age.

Many women will not even be aware they have cysts, until they have difficulty becoming pregnant.

Cysts are small, fluid-filled sacs that develop in the ovaries, and look something like bubbles on an ultrasound. Most of these are known as 'functional' cysts, and are a by-product of the ovulation process.

Most ovarian cysts are not cancerous and will disappear within weeks. However, for some women, cysts can cause pain and discomfort and may need medical treatment.

The contraceptive pill may be helpful in regulating a woman's periods, which can help reduce the incidence of cysts.

Causes

Most ovarian cysts are known as functional cysts, which means they are not a symptom of another disease. There are several types of these cysts, which are usually about 2-3cms in diameter but can be as big as 10cm. Some of the more common types of cysts include:

- Follicular cysts, which occur where the follicle collapses on itself after ovulation. If ruptured, can cause severe pain, which usually passes after a few days.
- Corpus luteum cysts, which are created if the follicle doesn't break down after ovulation. These can be bigger than the follicular cysts and sometimes there is bleeding into the cyst.
- Polycystic ovaries, which are, as the name suggests, a cluster of cysts, usually accompanied by acne, a hormone imbalance, obesity and hirsutism. Polycystic ovaries are often linked to type 2 diabetes and are commonly diagnosed among women who have had trouble getting pregnant.
- Endometrioma, which is also known as the 'chocolate cyst', are blood-filled ovarian cysts resulting from endometrial tissue. Pain is a common symptom of these cysts, which are associated with endometriosis.
- Benign cystic teratoma, which is a cyst most common among young women. These cysts are made up of germs cells and may contain hair, teeth or bone from embryonal tissue. These are usually benign but can be malignant among young women and postmenopausal women.

Symptoms

Many women will have ovarian cysts without knowing it and may discover they have cysts during an ultrasound for another problem. Around 30% of women with regular periods will develop cysts in their lifetime. As many as

half of women with irregular periods will have cysts at some point.

Women who have ovarian cysts may experience a range of symptoms. These include:

- Pain in the stomach or pelvic area. The pain may be sharp and come on suddenly.
- Irregular periods and spotting in between periods.
- Pain or pressure in the pelvis during a period, or after sex or strenuous exercise, or when going to the toilet.
- A dull ache in the lower abdomen and lower back pain may also imply ovarian cysts.
- A need to urinate more often due to pressure from the cysts on the bladder.
- Back pain.
- A bloated belly.

If the person has a fever, or extreme symptoms of dizziness, anaemia, very heavy periods or severe pelvic pain, it should be investigated by a doctor.

In some cases ovarian cysts may be associated with ovarian cancer, infertility (which may be a result of the cysts or the treatment for those cysts), irregular menstrual bleeding and endometriosis.

Diagnosis

Ultrasound is used to diagnose ovarian cysts. An ultrasound 'wand' is used to perform an internal ultrasound. It is inserted part-way into the vagina and allows for a better view of the ovaries. The scan will be looking for the presence of cysts, their size and number, and whether they are filled with fluid or are solid, or a mixture of both. Other scans may be performed to get a more detailed picture.

Blood tests may also be ordered to test hormone levels, pregnancy, and for the presence of indicators of ovarian cancer. The patient's age (ovarian cysts in menopausal patients are more likely to be malignant than in premenopausal patients), ultrasound findings plus the results from tumour testing will give an indication about the malignancy risk of the ovarian cyst.

Laparoscopic (key-hole) surgery may also be required to surgically explore the cyst, which can also be removed and a biopsy performed if necessary.

Treatment

In the case of functional ovarian cysts, treatment is often not required. Cysts will either pass unnoticed, or may rupture quickly with symptoms passing within days. Painkillers like ibuprofen can be taken at home, while stronger medicine such as narcotic-based drugs may be prescribed if the pain is severe.

The contraceptive pill is believed to help in the control of ovarian cysts by regulating periods and thereby preventing the formation

of follicles that would turn into cysts.

Laparoscopic (key-hole) surgery may be used to identify and treat ovarian cysts. In this case, a laparoscope is inserted through a small incision in the abdomen, the cyst identified and then removed, or a sample taken the same way.

People with severe pain where a cyst may have ruptured, or where the tumour may have become twisted, should be treated as soon as possible by a doctor

Medicines

Medications are usually not required for ovarian cysts but sometimes the contraceptive pill is recommended. Painkillers like paracetamol and ibuprofen can help with any associated pain.

Support and resources online

Here are some helpful online resources for ovarian cysts:

- Royal Australian and New Zealand College of Obstetricians and Gynaecologists: www.ranzcog.edu.au/womenshealth
- Victorian Health Department: www.betterhealth.vic.gov.au

ItsMyHealth.com.au