

Ovarian Cysts

Ovarian cysts are usually fluid-filled lumps that may occur on one or both of the ovaries at any time in a woman's life. Occasionally they are solid, if so, they are regarded as tumours, a medical term for 'swelling.' Often cysts are discovered by doctors during a routine examination. At other times, they may cause pain or a noticeable swelling, and need urgent attention. Because cysts can be malignant (i.e. cancerous) they should be treated as soon as possible. But a vast majority of cysts are not cancerous.

Types of cyst or tumor

Ovaries are filled with follicles, which release eggs during your reproductive life. Each month a number of follicles get bigger, one eventually dominating while the others die. This large follicle releases an egg at mid-cycle and then collapses to form a yellowish lump on the surface of the ovary called the corpus luteum. Follicles and the corpus luteum give rise to two common kinds of cyst called functional cysts. One is the follicular cyst which occurs when a follicle does not rupture to release its egg and instead continues to fill up and swell with fluid.

The other is the luteal cyst which results from the corpus luteum filling up with fluid. Functional cysts are not malignant and usually disappear on their own. Occasionally they require surgery.

Dermoid cysts

In younger women, an egg within the ovary can start dividing by itself without being fertilized. An egg can potentially produce any tissue in the human body, and this is reflected in dermoid cysts. The cyst contains a lot of fatty material and hair, and may possess odd things like teeth, muscle, bone and cartilage. Dermoid cysts require surgical removal but are always benign.

Adenomas

These are tumours of glands within the thin layer of tissue that covers the ovaries and lines the womb, the cervix (neck of the womb), and the fallopian tubes. The glands produce different kinds of fluids. Those containing cells similar to the cervix are mucinous cystadenomas. Those containing cells similar to the womb lining are called endometrial cystadenomas, and if the cells are similar to the fallopian tubes they are called serous cystadenomas. If these growths are malignant, they are known as cystadenocarcinomas. Occasionally hormone-producing cells in the ovaries grow too much, giving rise to tumours which are usually small and solid. They may sometimes cause post-menopausal bleeding.

Chocolate cysts

Pieces of the womb lining can sometimes be found on the ovaries. When a woman has a period, these lumps of tissue bleed just like the lining of the womb. This may produce a blood-filled cyst, known as a chocolate cyst. Small chocolate cysts can be treated medically but usually they require some form of surgery.

Recognising cysts or tumours

Smaller cysts and tumours within the pelvis can only be diagnosed by a full pelvic examination or ultrasound investigation.

Large cysts are big enough to feel in the abdomen, and may cause an enlarged waistline. As they can enlarge rapidly inside the abdomen without producing symptoms, they are often not diagnosed until they have reached a large size. These are some of the symptoms which may occur:

- Pain and discomfort low down in the abdomen
- Your periods might become heavier or lighter than normal
- A more frequent need to pass urine or constipation
- Pain during sexual intercourse



Investigations

A CA125 blood test can be performed which may detect a tumour marker that is raised in ovarian cancer. An ultrasound scan may determine if the cyst has any suspicious features.

Treatment

Some cysts may need some form of surgery. Some can just be monitored by blood tests and ultrasound scans. Some simple cysts can be deflated under local anesthetic by an ultrasound guided probe. Simple cysts may be deflated or removed by keyhole surgery but any cysts that are suspicious would be removed by the open technique. Every effort is made to keep the ovary and just remove the cyst but this is not always possible. In post menopausal women an oophorectomy may be used if a cyst is present but post menopausal ovaries continue to be an important source of testosterone production so should be conserved unless there is any suspicion of cancer.

In younger women, every effort is made to keep the ovary and remove the cyst, but this is not always possible. In the case of women who have finished having children, it is common to remove both ovaries. Often, this is done as part of a hysterectomy.

This factsheet has been produced by Women's Health Concern and reviewed by members of our Medical Advisory Panel.

It is for your information and advice and should be used in consultation with your own medical practitioner. **Updated: November 2007.**