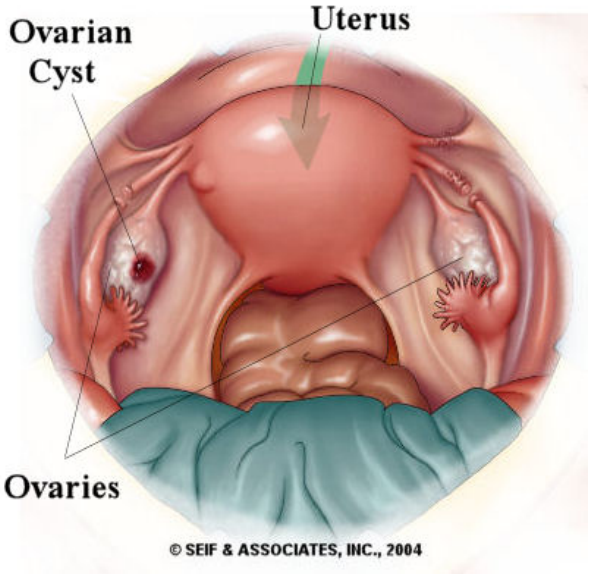
Ovarian Cyst

The ovaries are small organs that are on each side of the uterus. The ovaries are the organs that produce the female hormones, estrogen and progesterone. An ovarian cyst is a sac filled with fluid that can vary in its size. It is normal for a small cyst to form in women who are in the childbearing age and who have menstrual periods. This type of cyst is called a follicle cyst that becomes an ovulation cyst (*corpus luteum cyst*) after it produces the women's egg. It later goes away on its own if the woman does not become pregnant. There are other kinds of ovarian cysts that may cause problems and may need to be treated. The most serious problem is a cyst with cancer. It should be noted that menopausal women who have an ovarian cyst are at a higher risk of it being a cancer cyst. They should be evaluated very quickly, thoroughly and followed closely. This is especially true in menopausal women because of the high rate of ovarian cancer in women in menopause.



CAUSES AND TYPES OF OVARIAN CYSTS:

- **FUNCTIONAL CYST**: The follicle/corpus luteum cyst is a functional cyst that occurs every month during ovulation with the menstrual cycle. They go away with the next menstrual cycle if the woman does not get pregnant. Usually, there are no symptoms with a functional cyst.
- **ENDOMETRIOMA CYST**: This cyst develops from the lining of the uterus tissue. This cyst gets in or on the ovary. It grows every month from the bleeding during the menstrual period. It is also called a "chocolate cyst" because it becomes filled with blood that turns brown. This cyst can cause pain in the lower abdomen during intercourse and with your menstrual period.
- **CYSTADENOMA CYST**: This cyst develops from the cells on the outside of the ovary. They usually are not cancerous. They can get very big and cause lower abdomen pain and pain with intercourse. This type of cyst can twist on itself, cut off its blood supply and cause severe pain. It also can easily rupture and cause a lot of pain.
- **DERMOID CYST**: This type of cyst is sometimes found in both ovaries. They are found to have different kinds of body tissue in the cyst. The tissue includes skin, teeth, hair, and/or cartilage. They usually do not have symptoms unless they get very big. Dermoid cysts are rarely cancerous.
- **POLYCYSTIC OVARY**: This is a rare condition with hormone problems that produces many small cysts on both ovaries. The cysts are follicle-like cysts that never produce an egg and become a corpus luteum. It can cause an increase in body weight, infertility, acne, increase in body and facial hair and lack of menstrual periods or rare menstrual periods. Many women with this problem develop type 2 diabetes. The exact cause of this problem is unknown. A polycystic ovary is rarely cancerous.
- **THECA LUTEIN CYST**: Occurs when too much hormone (*human chorionic gonadotropin*) is produced and over-stimulates the ovaries to produce an egg. They are frequently seen when doctors stimulate the ovaries for invitro-fertilization (*test tube babies*).
- **LUTEOMA CYST**: This cyst is seen during pregnancy. Rarely it can cause an obstruction to the birth canal during labor and delivery. They usually go away after delivery.

SYMPTOMS

- Pelvic pain or pressure.
- Pain during sexual intercourse.
- Increasing girth (*swelling*) of the abdomen.
- Abnormal menstrual periods.
- Increasing pain with menstrual periods.

- You stop having menstrual periods and you are not pregnant.

DIAGNOSIS

The diagnosis can be made during:

- Routine or annual pelvic examination (common).
- Ultrasound.
- X-ray of the pelvis.
- CT Scan.
- MRI.
- Blood tests.

TREATMENT

- Treatment may only be to follow the cyst monthly for 2 to 3 months with your caregiver. Many go away on their own, especially functional cysts.
- May be aspirated (*drained*) with a long needle with ultrasound, or by laparoscopy (*inserting a tube into the pelvis through a small incision*).
- The whole cyst can be removed by laparoscopy.
- Sometimes the cyst may need to be removed through an incision in the lower abdomen.
- Hormone treatment is sometimes used to help dissolve certain cysts.
- Birth control pills are sometimes used to help dissolve certain cysts.

HOME CARE INSTRUCTIONS

Follow your caregiver's advice regarding:

- Medicine.
- Follow up visits to evaluate and treat the cyst.
- You may need to come back or make an appointment with another caregiver, to find the exact cause of your cyst, if your caregiver is not a gynecologist.
- Get your yearly and recommended pelvic examinations and Pap tests.
- Let your caregiver know if you have had an ovarian cyst in the past.

SEEK MEDICAL CARE IF:

- Your periods are late, irregular, they stop, or are painful.
- Your stomach (*abdomen*) or pelvic pain does not go away.
- Your stomach becomes larger or swollen.
- You have pressure on your bladder or trouble emptying your bladder completely.
- You have painful sexual intercourse.
- You have feelings of fullness, pressure, or discomfort in your stomach.
- You lose weight for no apparent reason.
- You feel generally ill.
- You become constipated.
- You lose your appetite.
- You develop acne.
- You have an increase in body and facial hair.
- You are gaining weight, without changing your exercise and eating habits.
- You think you are pregnant.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have increasing abdominal pain.
- You feel sick to your stomach (*nausea*) and/or vomit.
- You develop a fever that comes on suddenly.
- You develop abdominal pain during a bowel movement.

- Your menstrual periods become heavier than usual.

Document Released: 12/18/2006 Document Re-Released: 12/06/2010
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