Diagnosis of Ovarian Cysts

 As most ovarian cysts cause no symptoms, many cysts are diagnosed by chance – during a routine examination or if the patient has an ultrasound scan for another reason.



 An ultrasound scan can confirm an ovarian cyst. It is a safe and painless test which uses sound waves to create images of organs and structures inside your body.



- A CT scan may be indicated if the ovarian cysts are multiples, complex looking or suspicious of cancer.
- CT scan images is clearer than ultrasound scan images to show complexity of the cyst and its relation to other pelvic structures.

Management of Ovarian Cysts

The management depends on several factors:

- a- Size and type of cyst
- b- Age / menopausal status
- c- Symptoms
- d- Desire to have children / Completed family

Small ovarian cysts will resolve and disappear over time. The patient may be advised to have a repeat ultrasound scan after a few weeks or so. If the cyst goes away and no symptoms then no further action is needed.

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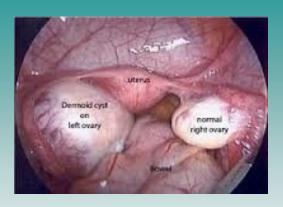
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Ovarian Cysts

Ovarian cysts are very common. The majority of them are non-cancerous (benign) but a few are cancerous (malignant) or may become cancerous over time.





Facts About Ovarian Cysts

- ◆ A cyst is a fluid-filled sac or pouch.
- The fluid within the cyst can range from thin and watery to thick and paste-like.
- Ovarian cysts can vary in size from less than the size of a pea to the size of a large melon (occasionally even larger).
- 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/emergency treatment.



Types Of Ovarian Cysts

Functional ovarian cysts:

- ♦ These are the most common type.
- ◆ They form in women of childbearing age (women who still have periods) when there is a functional fault with ovulation.

Corpus luteum cysts

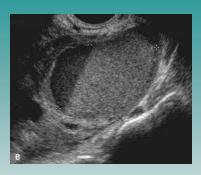
- These occur when the corpus luteum fills with fluid or blood to form a cyst.
- A blood-filled cyst is called an haemorrhagic cyst.
- ♦ Both of these cysts can grow rarely beyond 5 cm across.

<u>Dermoid Cysts (Benign mature cystic teratomas)</u>

- Dermoid cysts tend to occur in younger women.
- These cysts develop from cells which make eggs in the ovary.
- An egg has the potential to develop into any type of cell.
- So these cysts can make different types of tissue. As the result, these cysts often contain odd contents such as hair, parts of teeth or bone, fatty tissue etc.
- In about 1 in 10 cases a dermoid cysts develops in both ovaries.
- Dermoid cysts can run in families.

Cystadenomas

- These develop from cells which cover the outer part of the ovary.
- Serous cystadenomas fill with a thin fluid and mucinous cystadenomas fill with a thick mucous-type fluid.
- These types of cysts are often attached to an ovary by a stalk rather than growing within the ovary itself. Some grow very large.
- They are usually non cancerous (benign) but some are cancerous.



Endometriotic cysts

- Many women who have endometriosis develop one or more cysts on their ovaries.
- Endometriosis is a condition where endometrial tissue (the tissue that lines the uterus) is found outside the uterus.
- It sometimes forms cysts which fill with blood.
- The old blood within these cysts looks like chocolate and so these cysts are sometimes called chocolate cysts.
- They are non cancerous (benign).

Polycystic ovarian syndrome (PCOS)

- Polycystic means many cysts. In PCOS, the patient develops many tiny benign cysts in the ovaries.
- The cysts develop due to a problem with ovulation (producing egg monthly) caused by a hormonal imbalance.
- PCOS is associated with period problems, reduced fertility, hair growth, obesity and acne.

