

Ovarian Cysts

An ovarian cyst is a sac filled with fluid or other tissue that forms within or on the surface of the ovary. Ovarian cysts are very common. All women develop ovarian cysts every month and may have symptomatic cysts at some time during their lives. Usually ovarian cysts cause little or no discomfort and are harmless. The great majority of ovarian cysts resolve on their own without treatment within a few months. Most cysts are benign meaning not cancerous. Very rarely, cysts can be malignant or cancerous.

There are different types of ovarian cysts. The most common type of cyst is called a functional cyst. These ovarian cysts develop during the normal process of the menstrual cycle. Each month the ovaries produce follicles. Follicles release an egg during ovulation. Sometimes a normal follicle or its sac after ovulation can continue to grow. This results in a functional cyst.

Other types of cysts are much less common-

- Dermoid cysts contain many types of cells and can be filled with hair, skin and teeth.
- Endometriomas are cysts that form in women who have endometriosis. Tissue from the lining of the uterus attaches to either ovary and can form a growth.
- Cystadenomas develop on the surface of the ovary and are often filled with a watery fluid or mucous material.
- Polycystic ovaries result when eggs mature in the follicles, but are not released. The sacs continue to grow and many cysts form.

Many ovarian cysts cause no symptoms at all. Others can cause:

- pressure, swelling or pain in the abdomen or pelvis
- a dull ache in the lower back and thighs
- more frequent urination or problems passing urine completely
- pain during sexual intercourse
- menstrual irregularities

Rarely, a cyst can rupture or a cyst can cause the ovary to twist (torsion). This can result increased or sudden pain. Sudden, severe pelvic pain or pain along with nausea and vomiting require immediate medical attention.

Ovarian cysts most often are found on routine pelvic exam. Tests may be recommended to provide more information. These tests can include a pelvic ultrasound, a pregnancy test and hormone level tests. The ultrasound demonstrates the cyst's size, shape, location and composition (i.e. if it is fluid-filled, solid or mixed). In women past menopause, a blood test called a CA 125 level may be obtained. In postmenopausal women an increased CA 125 level increases the concern for ovarian cancer.

The treatment for most cysts is watchful waiting. It may be recommended to have follow-up ultrasounds at periodic intervals to see if the cyst has changed in size or resolved. Sometimes birth control pills are prescribed. These pills can reduce the chance of new cysts developing. Birth control pills have the added benefit of reducing the risk of ovarian cancer. Occasionally, surgery is recommended for a cyst that doesn't go away, is large, is growing, looks concerning on ultrasound or is causing severe symptoms.

Regular pelvic exams (not necessarily in teens) are important in diagnosing changes in the ovaries as early as possible. Be alert to any changes in your menstrual cycle or symptoms that are new for you. Speak with your physician about any changes that concern you.