WHAT IS IT?
■ An ovarian cyst is a globular sac filled with fluid or semisolid material that develops in, or on, an ovary.

AETIOLOGY
■ The ovaries, located on each side of a woman’s uterus and each measuring about 2.5cm x 2cm, are filled with follicles in various stages of development. Every month one follicle ripens to release an egg.
■ After ovulation the ruptured follicle forms a yellowish lump called the corpus luteum. Cysts can occur due to changes in hormone levels during the menstrual cycle and the production and release of eggs.

TYPES OF CYST
■ Follicular cysts arise when an ovarian follicle fails to rupture in the course of its development and ovulation. This type of cyst is common and usually asymptomatic.
■ Luteal cysts are formed when the corpus luteum fails to degenerate, and fills with blood instead. Both follicular and luteal cysts are known as functional cysts.
■ Dermoid cysts may contain fat, hair, teeth and other tissue.
■ Chocolate cysts (or endometriomas), filled with dark, thick blood, are found on the ovaries as a result of endometriosis.

POLYCYSTIC OVARIANS
■ Polycystic ovaries are defined by the presence of numerous follicular cysts. The affected ovary may double in size as a result.
■ Polycystic ovarian syndrome is generally defined in the UK as polycystic ovaries together with one or more characteristic features: hirsutism, acne, male pattern baldness, amenorrhoea or oligomenorrhoea.

SIGNS AND SYMPTOMS
■ Most ovarian cysts are harmless and benign. However, some cysts cause severe symptoms that can be life-threatening.
■ Dull, mild abdominal pain or acute pain caused by torsion.
■ Occasionally cysts can cause pain or discomfort during intercourse.
■ Irregular, painful periods.
■ If a cyst ruptures, twists or haemorrhages, there may be severe abdominal pain, vomiting and low grade pyrexia.

INVESTIGATIONS
■ Medical history and physical findings: large cysts may be palpable on abdominal examination.
■ Pelvic examination.
■ Pelvic ultrasound.
■ Laparoscopy.

TREATMENT
■ Follicular and luteal cysts usually disappear without intervention. Follicular cysts typically disappear within 60 days.
■ Dermoid cysts require surgical removal but are always benign.
■ Large or persistent cysts may be drained or removed.
■ Oral contraceptives may be prescribed to help establish normal menstrual cycles.

RESEARCH AND DEVELOPMENT

The National Research Register: www.update-software.com/national/

REFERENCES
Women’s Health Concern: www.womens-health-concern.org/leaflets

WEBSITES
OMNI: http://omni.ac.uk
NHS Direct: www.nhsdirect.nhs.uk