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Original Research Article

To Study the Incidence, Types, Mode of Treatment of Ovarian Masses in Unmarried Women

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Abstract

Background: Ovarian mass is common gynaecological masses in unmarried woman. This study was done to evaluate the incidence, types and mode of treatment of ovarian masses in unmarried women.

Objective: To study the incidence, types, mode of treatment of ovarian masses in unmarried women.

Materials & Methods: It is prospective study of all cases of ovarian cyst in unmarried girls in department of obstetrics and gynaecology of tertiary centre of Patna, Bihar from January 2022 to April 2023. **Inclusion criteria:** unmarried women with ovarian mass. **Exclusion criteria:** pregnant females, PCOD, girls taking drugs like clomiphene, tamoxifen.

Result: To study types, demographic relation and method of intervention in different types of ovarian mass, 65 girls with diagnosed ovarian mass in hospital were enrolled in study. It was found that 47% patient was in 21-25 years. 40% had simple cyst. 24% presented with endometrioma and chocolate cyst. 18% had size greater than 12cm and few presented with torsion and malignancy. Proper diagnosis, management and follow up surveillance of ovarian cyst is required for better outcomes and few adverse effects.

Keywords: Ovarian Cyst, Malignancy, Clomiphene, Tamoxifen.

Introduction

Ovarian cyst is a semisolid or fluid filled sac within the ovary. It is common gynecological disorder and a mostly asymptomatic and disappears spontaneously but in some they may cause problem and need treatment. In past 2 decades the incidence has increased due to better non-invasive diagnostic techniques like ultrasound, CT scan and MRI. It can be functional ovarian cyst (follicular, lutein cyst, PCOS) or Pathological (endometrioma, tumor)

Materials & Methods

It is prospective study of all cases of ovarian cyst in unmarried girls in department of obstetrics and gynaecology of tertiary centre of Patna, Bihar from January 2022 to April 2023.

Sample size- 65 cases of ovarian masses in unmarried girls in hospital.

Inclusion criteria: Unmarried women with ovarian mass.

Exclusion criteria: Pregnant females, PCOD, girls taking drugs like clomiphene, tamoxifen.

The clinical presentation and through examination was done. Necessary blood investigation, Transabdominal ultrasound, colour study and in some cases CT SCAN and MRI was done.

All demographic details of patients were collected. Size, laterality and types of cyst was noted. Mode of management for ovarian masses were documented.

Objective:

To study the incidence ,types, mode of treatment of ovarian masses in unmarried women.

Results:

Table 1:

	Frequency(n=65)	Percentage
Age (Years)		
< 15	6	9
15-20	16	25
21-25	30	47
26-30	13	19
Residence		
Urban	45	69
Rural	20	31

Table 2:

Presentation	Frequency(n=65)	Percentage (%)
Abdominal Pain	44	68
Acute Abdominal Pain	5	8
Irregular Menses	22	33
Incidental Findings	13	19
Ascites	2	3

Table 3:

Types	N=65	Left	Right	Bilateral
Simple	25	13	10	2
Hemorragic	14	6	8	0
Chocolate Cyst	16	7	6	3
Dermoid	7	3	4	0
Neoplastic Changes	3	1	1	1

Table 4:

	Follow Up	Medical	Laprotomy	Laproscopy	Total
<5 cm	16	19	0	0	35
5-8 cm	0	8	5	5	18
> 8 cm	0	0	10	2	12

Table 5:

	Conservative	Laprotomy	Laproscopy	Total
Simple	21	3	1	25
Chocolate	10	2	4	16
Haemorrhagic	12	2	0	14
Dermoid	0	5	2	7
Neoplastic	0	3	0	3

Discussion

Most cases were found in 21 to 25 years age group and 69% of them lie in Urban population. It may be due to better awareness and approach to medical facilities. 44% of all presented with abdominal pain in which 5 patients were having acute pain and was diagnosed ovarian torsion in which 2 were serous, 2 were hemorrhagic cyst and 1 was dermoid. 40% of patient had simple cyst in which if size >5cm OCP was prescribed, otherwise it was followed for 3 month. In cases of chocolate cyst we gave progesterone and found 80% of case responded as reduction of size upto average of 1cm in 3 months. But in 6/21 girls who had complaints of intense pain not relieved by progesterone were gone under surgical removal of cyst. Dermoid cyst was in 7 girls of average size of 8cm in which surgery was performed. 2/65 patient was diagnosed with ascites and later found to be neoplastic in which one had clear cell carcinoma of left ovary in 17 years old female. Second had bilateral immature teratoma of 15x18 cm in which one ovary had thyroidization of ovary. Third patient came with lump abdomen found to had serous cystadenocarcinoma of right ovary.

Immature Teratoma:

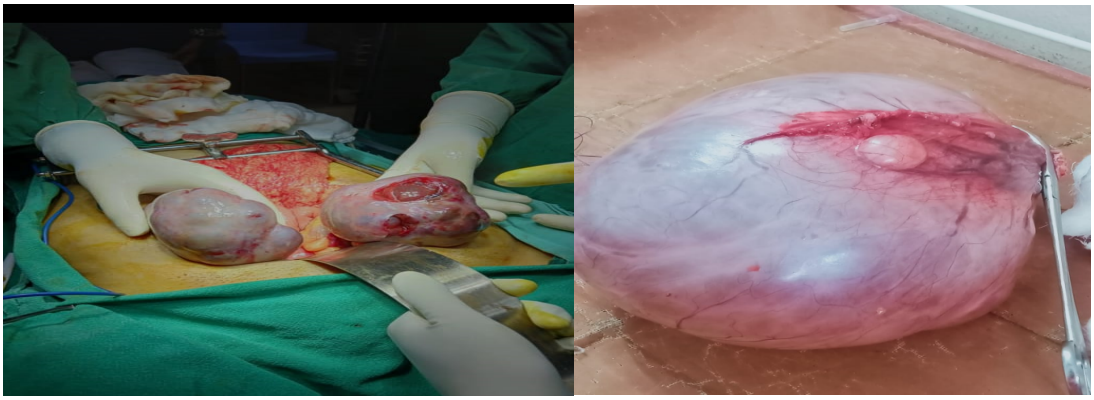

Figure 1: Serous Cystadenocarcinoma

Conclusion

Enlargement of ovaries can be result of pelvic congestion as seen in pelvic inflammatory disease, ovarian endometriosis causing chocolate cyst or persistence of physiological structure in ovary such as graffian follicle or corpus luteum. Incidence has been increased in past 2 decades due to increase non-invasive diagnostic facilities ultrasound, MRI ,CT scan. Conservative treatment was given specially to cyst less than 8cm. Surgical treatment was performed for cyst greater than 8 cm in benign cyst, in which we tried the best to preserve the reproductive and hormonal function of the remaining ovarian tissue and simultaneously preventing the reccurrence. Oral contraceptives pills reduces the incidence of ovarian cancer, its use for 5 or more years reduces their relative risk to 0.5.

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