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## Ovarian Cyst: A Review Article.

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### ABSTRACT

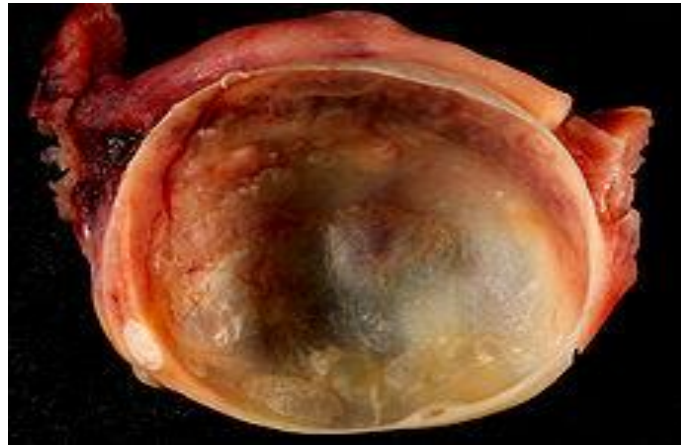
Ovarian cysts are a common cause of surgical procedures and hospitalizations among women worldwide. It has been reported that 5% to 10% of women will undergo surgery for an adnexal mass. Each year in the United States, more than 250,000 women are discharged from the hospital with a diagnosis of ovarian cyst. Because ovarian cysts are common, it is important for pharmacists to be knowledgeable about treatment options and the risk of malignancy. Ovarian cysts may be classified as either functional ovarian cysts or ovarian cystic neoplasms. The most common functional ovarian cysts are follicular cysts and corpus luteum cysts, which develop as a result of ovulation. It is believed that follicular cysts occur when an ovarian follicle fails to rupture and continues to grow. Corpus luteum cysts may develop when the corpus luteum fails to regress normally after ovulation. Because these cysts occur as a result of normal physiologic processes, they are termed functional cysts. Functional cysts are the most common type of ovarian cyst in premenopausal women. Ovarian cystic neoplasms are derived from neoplastic growth. They may be categorized into three types based on their cells of origin: surface epithelial cell tumors, germ cell tumors, and sex cord-stromal tumors.] The majority of these neoplasms are benign in women of reproductive age, but the risk of malignancy increases in postmenopausal women. As a group, epithelial tumors are the most common ovarian neoplasm; however, the single most common benign ovarian neoplasm is the benign cystic teratoma (also known as dermoid cyst), which is a germ cell tumor. Dermoid cysts are composed mainly of ectodermal tissue, which gives them their characteristic features of sebaceous glands, sweat glands, hair, and teeth.

**Keywords:** Hyperthyroidism, Infertility, PCOD, Laparotomy

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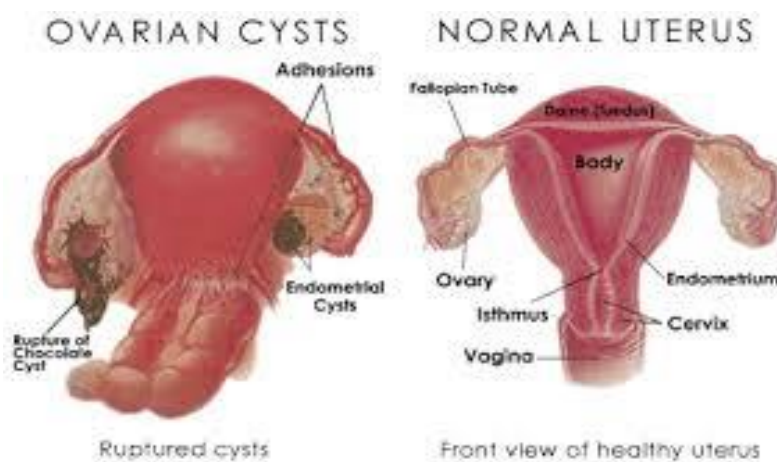
## INTRODUCTION

Ovarian cyst is the most common lesion seen in any females of any age group. Ovarian cancer accounts for approximately 23.0% of all gynaecologic tumors and is the most fatal gynaecologic malignancy. Ovarian cyst can be physiological or pathological. Physiological cysts are ,mainly follicular cysts and luteal cysts which are benign in nature. Pathological cysts are mainly ovarian tumors which can be benign, borderline or malignant.



## DEFINITION [1]

Ovarian cysts are fluid – filled sacs or pockets within or on the surface of an ovary. Women have two ovaries – each about the size and shape of an almond located on each side of the uterus.

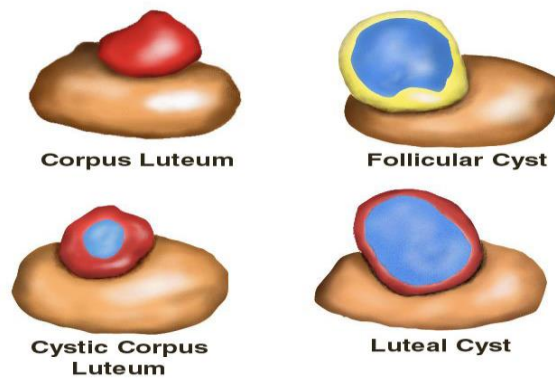


## CAUSES [1]

Some of the causes of Ovarian cysts are

- Hypothyroidism
- Infertility or women who are on treatment for fertility
- Those taking tomoxifen, a drug to combat breast cancer
- Irregular periods
- Early periods (before 11 years)
- A drug called clomiphene may lead to formation of corpus luteum cyst
- Cigarette smoking also increases the risk of function ovarian cyst

**TYPES OF OVARIAN CYST [2]**



Ovarian cysts may be classified according to whether they are a variant of the normal menstruation cycle, called a functional cyst or Non functional cyst

**Functional cyst:** functional cysts form as a normal part of the menstrual cycle. There are several type of cysts, they are

- Follicular cyst
- Corpus luteum cysts
- Thecal cysts

**Non – functional cyst:** Non functional cysts may include the following

- Polycystic ovarian syndrome
- Endometriosis
- Hemorrhagic ovarian cyst
- Dermoid cyst
- Ovarian serous cystadema
- Ovarian mucinous cystadenoma
- Para ovarian cyst
- Cystic adenofibroma
- Borderline tumoral cysts

**CLINICAL MANIFESTATIONS[2]**

Most patients with ovarian cysts are asymptomatic with the cysts being discovered incidentally during ultrasonography or routine pelvic examination. Some cysts, however may be associated with a range of symptoms, sometimes severe, including the following.

- Lower abdominal or pelvic pain
- Irregular menstrual periods
- Lower abdominal pain during menstrual period
- Pelvic pressure or fullness
- Pelvic pain after strenuous exercise or sexual intercourse
- Pain or pressure with urination or bowel movements
- Nausea and vomiting
- Vaginal pain

**DIAGNOSTIC FINDINGS[3]**

1. History Collection
2. Physical Examination
3. Endo vaginal ultrasound

4. CT– Scan
5. MRI
6. Laproscopic surgery
7. Hormone levels
8. Cuidocentesis
9. Serum CA – 125 assay

#### **MEDICAL MANAGEMENT[5]**

- Oral contraceptives
- Anti inflammatory medication such as ibuprofen
- A warm bath or hot water bag applied to the lower abdomen

#### **SURGICAL MANAGEMENT[5]**

- Laparoscopy
- Laparotomy
- Surgery For Ovarian Torsion

#### **NURSING MANAGEMENT[4]**

##### **Nursing Diagnosis**

1. Pain in the lower abdomen related to cystic ovarian
2. Fluid volume deficit related of vomiting
3. Imbalanced nutritional status less than body requirements related to loss of Appetite
4. Sleep pattern disturbance related to pain and diarrhoea
5. Fear and anxiety related to treatment and disease condition.

##### **Nursing Interventions**

- ✓ Monitor vital signs
- ✓ Provide psychological support
- ✓ Maintain Analgesics as prescribed
- ✓ Administer H<sub>2</sub> Receptors Blockers As Prescribed To Decrease Hcl in the stomach
- ✓ Instruct the patient about the importance of follow up visits with the physician

#### **CONCLUSIONS [4]**

Ovarian cysts are a common occurrence in women of all ages. Pharmacists may be asked about the condition by their patients, especially if the patient is using hormonal contraceptives or is undergoing ovulation induction. Functional ovarian cysts are physiologic and usually resolve spontaneously within a couple of menstrual cycles. The risk of an ovarian mass being malignant increases with age. Measurement of CA-125 may be helpful in distinguishing between benign and malignant ovarian masses, especially in postmenopausal women. While laparoscopy is commonly used to remove benign cysts, laparotomy is often preferred for removal of masses that may be malignant. In women with certain findings suggestive of malignancy, survival is increased when prompt referral to a gynecologic oncologist is made.

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