

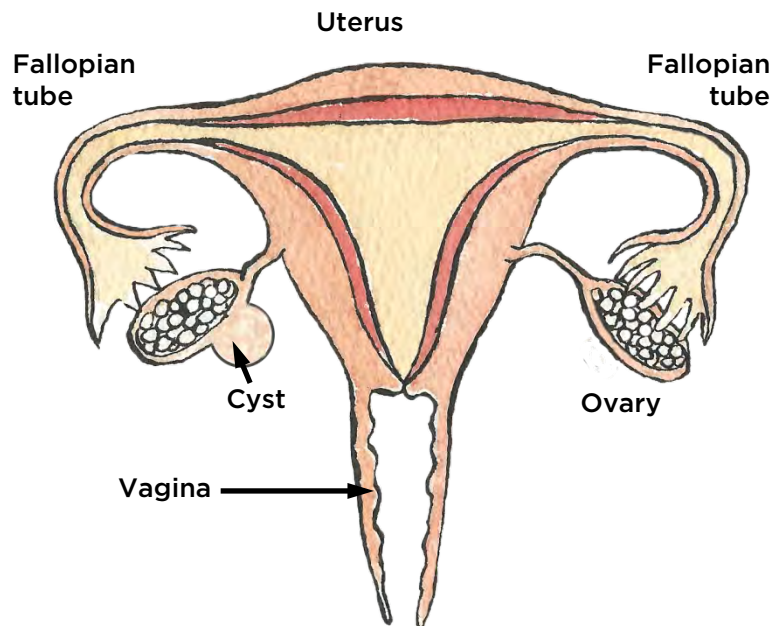
Ovarian Cysts

Ovarian cysts are fluid-filled sacs on the ovaries. Treatment may include watchful waiting, birth control pills or surgery.

What are ovarian cysts?

A cyst is a fluid-filled sac. Cysts can grow anywhere in the body, including the ovary. They happen to women and girls of all ages.

Cysts are most common when a woman is having menstrual periods and ovulating each month. In fact, each month you ovulate, you form a small cyst on your ovary which goes away naturally during your menstrual period. Sometimes, this cyst stays and grows larger, causing pain.



What are the symptoms?

Often, people do not have symptoms. Cysts are sometimes found during a physical examination, ultrasound, computerized tomography (CT) scan or magnetic resonance imaging (MRI) that is done for a different reason.

Symptoms may include:

- Pain in the lower stomach or pelvic area (between the hip bones)
- Fullness or pressure in the lower stomach or pelvic area
- Pain with sexual intercourse or exercise
- Pain or pressure with urination or bowel movements
- Nausea and vomiting
- Abnormal vaginal bleeding or spotting
- Early signs of puberty (growing breast tissue, early vaginal bleeding)

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To Learn More

- Adolescent Gynecology
206-987-2028
- Ask your child's healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

What are the causes?

Ovarian cysts can happen to women and girls of all ages. The cause of ovarian cysts depends on the age of the person.

Adolescents and young adults

For adolescents and young adults who have menstrual periods, it is normal to have a cyst form on the surface of the ovary, which holds the maturing egg. Usually, the cyst goes away during the period.

Sometimes, the egg is not released or the cyst fills with fluid after the egg is released. These are called “functional” or “physiologic” cysts. The words “follicular” or “luteal” cysts may also be used when describing functional cysts.

These are the most common causes of ovarian cysts. There are many other causes of ovarian cysts which are not cancerous (benign).

Children

In girls who have not gone through puberty, small cysts are common. When they are large, they may be a sign of early puberty. Before puberty, ovaries with large cysts are more likely to twist. This is called “ovarian torsion.” Using ultrasound or computed tomography (CT) scan to look at the cyst, doctors can determine the best treatment.

Are there different kinds?

There are 2 main types of cysts that are not functional:

- Non-cancerous (benign)
- Cancerous (malignant)

Most cysts are benign in children and teens. Benign tumors include:

- Cystadenomas: cysts that contain mucous or a thin, watery fluid (serous fluid)
 - Dermoid (teratoma) cysts: cysts that contain fat, hair or cartilage
 - Paratubal cysts: fluid-filled cysts under the fallopian tubes
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What are the possible risks and complications?

Risk factors

Some things can make it more likely for girls and women to get ovarian cysts. These include:

- If you have had ovarian cysts in the past (history of cysts)
- Irregular menstrual cycles
- Endometriosis

Birth control pills can decrease the risk of developing functional ovarian cysts by preventing ovulation. In addition, birth control pills have been associated with a lower risk of ovarian cancer.

Complications

Often ovarian cysts do not cause any problems and they go away on their own. When there are complications, they may include:

- Pain or pressure: Can be sudden and severe when a cyst bursts (also known as “cyst rupture”)
- Internal bleeding when a cyst ruptures: this is called a “hemorrhagic cyst”
- Twisting of the cyst: this is called “ovarian torsion”

How are they treated?

Ovarian cysts often do not require treatment. In fact, ovarian cysts usually go away on their own.

Tests

Before deciding on the best treatment, some of these tests may be needed:

- Pregnancy test
- Imaging: ultrasound, computed tomography (CT) scan or magnetic resonance imaging (MRI)
- Testing for tumor markers: blood tests that can help to determine whether a cyst may be more likely to be cancer.
- Complete blood count (CBC): a CBC includes a test of white blood cells (WBC) which may be high

These tests are not always necessary. Once all of the necessary tests have been done, we will develop a treatment plan with you.

Watchful waiting

In many cases, your healthcare provider may choose to watch the ovarian cyst by ultrasound over time. This is called “watchful waiting.” Watchful waiting is recommended when:

- Cysts cause few symptoms
- Cysts cause no symptoms
- Cysts do not appear suspicious for cancer

Watchful waiting involves repeating an ultrasound regularly, usually after 6 to 12 weeks. Your healthcare provider will check to see if the cyst has gotten smaller or gone away on its own.

During this period of watchful waiting, your healthcare provider may recommend pain medicine, including acetaminophen (Tylenol) or ibuprofen (Advil or Motrin). Use these medicines only if recommended by your healthcare provider.

Birth control pills

Some adolescents and young women may be prescribed birth control pills to keep new cysts from forming. Birth control pills do this by preventing ovulation altogether. The pill has also been associated with lower risks of ovarian cancer.

Surgery

In some cases, treatment involves surgery. This is recommended for:

- Large cysts
- Cysts that cause persistent symptoms, like pain
- Cysts that are suspicious for cancer
- Cysts that do not decrease in size or go away after “watchful waiting”

Surgery can be done to remove the cyst (ovarian cystectomy) or the entire ovary and possibly surrounding tissue. If an ovary must be removed, pregnancy is still possible for most people with only 1 ovary. If you have questions about getting pregnant (fertility), please let us know.

Surgery may be done using a camera through several small incisions (laparoscopically) or a larger open incision (laparotomy). The type of surgery will depend on the size of the cyst, suspicion for cancer and previous surgeries.