

## Answers to Medical Quiz

A1. Figure 1 is ultrasound and figure 2 is MRI.

A2. Large left homogeneous cyst behind the urinary bladder.

A3. Simple left ovarian cyst.

### DISCUSSION

An ovarian cyst is a sac filled with fluid, soft tissue or both. An ovarian cyst is common in young females<sup>1</sup>.

A patient with an ovarian cyst has variable presentations depending on the size of the cyst. Usually, an ovarian cyst is asymptomatic and most of the time discovered incidentally during ultrasonography. Some patients may present with acute abdominal pain due to stretching of the ovarian capsule, rupture of the ovarian cyst or due to torsion<sup>2</sup>.

Diagnosis of ovarian cyst is best confirmed by pelvic ultrasound. Other modalities, such as CT or MRI could be used for a complex ovarian cyst. Cancer antigen and tumor markers could be useful in the diagnosis of complex ovarian cysts<sup>2,3</sup>.

There are many pathological types of ovarian cysts in children, mainly benign and rarely malignant<sup>1</sup>. The types of ovarian cysts in females before menopause could be classified into simple, endometrioma and dermoid. The most common is the simple, which is large, and could regress after few months and cause ovarian torsion. Management of ovarian cyst depends on the symptoms, size, composition and age of the patient<sup>3</sup>.

Most incidental small, simple ovarian cysts do not require treatment. The functional ovarian cyst could be treated with oral contraceptive pills. Surgical intervention is indicated in symptomatic, large cyst (more than 10 cm) and complex ovarian cyst. Excision of ovarian cyst could be performed either by open or laparoscopic approach<sup>4,5</sup>.

### CONCLUSION

**Ovarian cyst is a very common pathology in menopause females. Simple ovarian cyst is the most common type. Symptoms and signs depend on the size and type of the cyst. Surgical management is indicated in large symptomatic and complex ovarian cyst.**

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**Potential Conflicts of Interest:** None.

**Conflict of interest:** None.

**Sponsorship:** None.

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**Ethical Approval:** Approved by Department of Surgery, Salmaniya Medical Complex, Kingdom of Bahrain.

### REFERENCES

1. Bottomley C, Bourne T. Diagnosis and Management of Ovarian Cyst Accidents. *Best Pract Res Clin Obstet Gynaecol* 2009; 23(5):711-24.
2. Visintin I, Feng Z, Longton G, et al. Diagnostic Markers for Early Detection of Ovarian Cancer. *Clin Cancer Res* 2008; 14(4):1065-72.
3. Smorgick N, Maymon R. Assessment of Adnexal Masses Using Ultrasound: A Practical Review. *Int J Womens Health* 2014; 6:857-63.
4. Levine D, Brown DL, Andreotti RF, et al. Management of Asymptomatic Ovarian and Other Adnexal Cysts Imaged at US: Society of Radiologists in Ultrasound Consensus Conference Statement. *Radiology* 2010; 256(3):943-54.
5. Hernon M, McKenna J, Busby G, et al. The Histology and Management of Ovarian Cysts Found in Children and Adolescents Presenting to a Children's Hospital from 1991 To 2007: A Call for More Paediatric Gynaecologists. *BJOG* 2010; 117(2):181-4.