OVARIAN CYST ACCIDENTS

BACKGROUND

Ovarian cyst accidents refer to any of the three complications of ovarian cysts¹.

1. Ovarian torsion
2. Ovarian cyst haemorrhage
3. Ovarian cyst rupture

KEY POINTS:

- Other gynaecological complications can present similarly to an ovarian cyst event. Consider on examination conditions such as: ectopic pregnancy, pelvic inflammatory disease, tubo-ovarian abscess, or non gynaecological issues e.g. appendicitis ¹.

- Ovarian cyst accidents will most commonly involve benign ovarian cysts.

- Immediate treatment should occur if ovarian torsion is suspected as this is a gynaecologic emergency².

TORSION

Ovarian torsion, or adnexal torsion; is partial or complete rotation of the ovarian vascular pedicle causing obstruction to venous outflow and later arterial inflow¹. The incidence of ovarian torsion occurs mainly in women of childbearing age, it is rare and accounts for 3% of gynaecologic emergencies¹,³. Thought to be primarily caused by a “heavy ovary” in conditions such as ovarian hyper stimulation or teratoma; right sided ovarian torsion is more common¹. 10-20% of ovarian torsion can occur during pregnancy; with infertility treatment being a possible risk factor³. Reoccurrence can occur in polycystic ovaries³. 15% of ovarian torsion can occur in children and adolescents⁴.

Diagnosis: Is based on a high index of clinical suspicion³.

Signs of ovarian torsion include:

- Characterised by colicky pain in lower abdomen or pelvic tenderness which becomes constant and can disappear if tissue is severely necrosed³.

- 50% of cases present with nausea and vomiting³.

- The presence of an adnexal mass on USS raises the suspicion of a torted ovarian cyst. Doppler sonography can be useful in diagnosis but normal blood flow does not exclude torsion⁵.
MANAGEMENT OF OVARIAN TORSION

- Perform laparoscopy if suspicion of ovarian torsion as soon as possible to aid in preservation of ovarian tissue. Diagnosis can only be made at laparoscopy or laparotomy.

- During surgery de-torsion only is recommended as blood resupply in 91-100% of cases will be restored. Further surgery at a later stage should be considered for cysts deemed to be complex.

RUPTURE & HAEMORRHAGE

Usually this is a physiological event during the ovarian cycle involving the follicle or corpus luteum. An extremely rare cause of rupture is pseudomyxoma, (mucinous cyst). Complications can occur with women with a history of coagulopathy. If a benign teratoma/endometriotic cyst is involved be aware that the ruptured cyst content can be extremely irritant for the peritoneum. Historically treatment for functional ovarian cysts has included the oral contraceptive pill; this has not been proven to be beneficial in most cases as functional ovarian cysts are likely to resolve within several months. Other treatment such as repeated laparoscopic ovarian cystectomies for functional cysts has been shown to reduce fertility without any added benefit to the woman.

Signs of rupture / Haemorrhage:

- Characterised by a sudden onset of sharp then constant ache. Pain is at its worst at the time of onset.
- Most women are systemically well; mild signs of peritonism may be present on examination, not associated with fevers, tachycardia or inflammatory markers.
- Free fluid may be seen on USS.
- If significant blood loss occurs the women could present with hypovolemic shock. This is a very late sign.

MANAGEMENT

- Ultrasound is the first line of investigation.
- Management is usually conservative, with analgesia and observation.
- Address any predisposing cause such as Factor VIII deficiency causing haemorrhage.
- If pain does not improve within 48 hours consider an alternative diagnosis
- If the pain persists beyond a few days then laparoscopy should be considered.
- Follow up after 6 weeks with an ultrasound to confirm resolution is recommended when an ovarian haemorrhagic cyst has been identified.
REFERENCES (STANDARDS)


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<tr>
<th>National Standards</th>
<th>Standard 1 Clinical Practice</th>
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Related Policies - [Clinical Guidelines Ovarian Hyperstimulation Syndrome](#).

Other related documents – Nil

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