

CYSTOMAS OF OVARY

(Review of 50 cases)

by

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Ovary though a small organ is responsible for giving rise to various types of tumors. The ovarian tumor represents the major diagnostic and therapeutic challenge to the gynaecologist today. The term ovarian cyst is being so loosely used that it becomes mandatory to rely on its histopathological picture to differentiate between functional enlargement and neoplasia.

Material and Method

Fifty cases of cystomas were studied retrospectively in our series during 4 year period from 1975 to 78 at L.T.M.M.C. and L.T.M.G. Hospital, Sion, Bombay. These cases were critically analysed for various epidemiological factors such as age, parity, marital status, blood group etc.; suspected to have a direct or indirect relationship with cystomas of ovary, also studying their clinical features, pathology and management.

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Majority of our patients were from reproductive age group with parity between 2 to 5, the youngest being 14 year old unmarried girl. In 18 cases tumor was present only on right side, while in 22 cases (44%) there were bilateral tumors.

Though ovarian tumors are classified in various ways, the International Federation of gynaecological and obstetric classification is most widely accepted today. According to it ovarian tumors can be classified depending on the histological features or clinical staging. According to histological classification, they are divided into serous and mucinous cystomas, endometrioid tumors and mesonephric tumours. These cystomas are further subdivided into benign cystadenomas, cystadenomas with low potential malignancy and cystadenocarcinomas. We have studied serous and mucinous cystomas.

Table I shows that serous cystomas being commonest were encountered in 64% of our cases.

The various clinical manifestations with which these patients presented is shown in Table II. Majority had either pain in abdomen or they had noticed a lump. In 7 of our sterility patients and 4 with menor-

TABLE I
Histopathological Types of Ovarian Cystomas

Types	No. of cases	Percentage
(a) Serous cystomas	32	64
(i) Benign	26	52
(ii) Low potential malignancy	4	8
(iii) Cystadenocarcinoma	2	4
(b) Mucinous Cystomas	18	36
(i) Benign	17	34
(ii) Low potential malignancy	1	2
(iii) Cystadenocarcinoma	-	-
Total	50	100

TABLE II
Clinical Features

Features	No. of cases
Lump in abdomen	32
Pain in abdomen	31
Sterility	7
Bowel disturbances	6
Menorrhagia	4
Retention of urine	1

rhagia ovarian cyst was diagnosed accidentally.

Table III shows that people with A positive blood group have a higher tendency of developing cystomas of ovary.

TABLE III
Blood Group in Relation with Cystomas

Types	No. of cases	Percentage	Other O.P.D. cases (%)
A+ve	25	50	28
O+ve	12	24	35
B+ve	8	16	33
AB+ve	50	10	4
Total	100	100	

Normal menstrual pattern was observed in 26 (52%) of our patients. However, menorrhagia or polymenorrhoea was

present 17 (34%) of cases. Seven were menopausal.

Various operative procedures carried out varied from only cystectomy to pan-hysterectomy and omentectomy depending on the age, parity, type of cystomas, other ovarian involvement and associated conditions. The commonest procedure carried out was ovariectomy with hysterectomy as shown in Table IV.

TABLE IV
Operative Procedures

Type of operation	No. of cases	Percentage
Only Ovariectomy	43	6
Ovariectomy with hysterectomy	19	38
Ovariectomy with cystectomy (otherside)	6	12
Ovariectomy with V.S.P.T.	4	8
Ovariectomy with myomectomy	1	2
Ovariectomy with appendicectomy	2	4
Panhysterectomy with omentectomy	2	4
Only ovarian cystectomy	9	18
Cystectomy with hysterectomy	4	8
Total No.	50	100

The postoperative complications are shown in Table V. One patient with cystadenocarcinoma developed abdominal wall jejunal coil fistula, on 5th post-operative day. However it healed on its own.

TABLE V
Post-Operative Complications

	No. of cases
Pyrexia	10
Burning Micturition	5
Wound gaping	4
Thrombophlebitis	2
Intestinal Fistula	1

Discussion

Majority of our cases were in reproductive age group as reported by Mehta and Purandare. Both the cases with serous cystadenocarcinoma (45-50) were found a decade earlier than that reported by Shaw (1973). In 44% of the cases the tumours were bilateral and most of them of mucinous variety. Marital status had no relation with the type of cystomas and were found with equal frequency in unmarried girls also.

The commonest histological variety encountered was benign serous cystadenoma (52%). Lump and pain in abdomen are the commonest symptoms with which these patients usually present. However, it may be asymptomatic and may be detected accidentally on routine gynaecological examination. The menstrual pattern is usually normal as seen in 66% of our cases. A highly significant observation in present series was that 50% of the cases belonging to A + ve blood group, while the general trend of our O.P.D. patients being O + ve blood group, thus suggesting that blood group may be playing an important role as an aetiological factor.

The commonest operative procedure carried out was ovariectomy with hysterectomy, as these patients were either in

menopausal or perimenopausal age group or both the ovaries were involved. In 4 cases only cystectomy with hysterectomy was done as there was associated uterine pathology like fibroid and adenomyosis and it was possible to shell out the cyst easily. Minimum postoperative complications were observed in benign cases.

Conclusion

(i) An analysis of 50 cases of cystomas of ovary is presented with special reference to epidemiological factors.

(ii) Benign serous cystadenomas are the commonest tumors amongst all the cystomas of ovary.

(iii) Cystomas are more frequent in reproductive age group.

(iv) People with A + ve blood groups are more prone to such tumors.

(v) Usually they are asymptomatic and even the menstrual pattern is normal.

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