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## Hypoechoic Ovarian Cyst : Case Report

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### ABSTRACT

A cyst happens when fluid accumulates within a skinny membrane inside the ovary. the dimensions can range from as small as a pea to larger than an orange. A cyst could be a closed sac-like structure. A membrane separates it from surrounding tissue. it's a pocket of fluid, the same as a blister. It contains either liquid, gaseous, or semi-solid material. The outer or capsular portion of a cyst is named the cyst wall. it's different from an abscess because an abscess contains pus, but a cyst doesn't. Often, ovarian cysts are small and harmless, don't produce symptoms, and escape on their own. However, sometimes they'll burst Trusted Source or twist and cause pain, bleeding, or both. If this happens, doctors consider it a medical emergency. In some cases, surgery could also be necessary. Cysts occur most often Trusted Source during the reproductive years but can appear at any age. Rarely, a cyst could also be an indication of cancer. Some cysts may become cancerous over time, especially after menopause. Having a cyst doesn't mean you have got ovarian cancer. Ovarian cysts are often fairly common, while ovarian tumors are quite rare; ovarian cysts are fluid-filled while ovarian tumors are solid masses. Most ovarian cysts don't seem to be harmful, don't cause symptoms and don't seem to be indicative of risk for future ovarian cancer, though some complex ovarian cysts may raise the chance. Ovarian cysts are common in women with regular menstrual cycles, and fewer common in post-menopausal women. Approximately 8% of pre-menopausal women develop large ovarian cysts that need treatment. Cysts can come and associate with a woman's cycle (functional ovarian cysts), and will not cause symptoms unless they twist or rupture, or become large enough that a girl can feel the cyst. While many ovarian cysts get away without treatment, some may require surgery to get rid of.

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### 1. Introduction

Solid masses are hypoechoic and may be cancerous. Cysts crammed with air or fluid are usually hyperechoic and are rarely cancerous. Abnormal tissue also looks different from healthy tissue on a sonogram. Your doctor will usually do further testing if an ultrasound shows a solid mass or what seems like abnormal tissue.[1] Most ovarian cysts are associated with ovulation, being either follicular cysts or endocrine cysts. Other types include cysts thanks to endometriosis, dermoid cysts, and cystadenomas. Many small cysts occur in both ovaries in polycystic ovary syndrome (PCOS). Pelvic disease may end in cysts. Rarely, cysts could also be a sort of ovarian cancer. Diagnosis is undertaken by pelvic examination with an ultrasound or other testing want to gather further details. Often, cysts are simply observed over time. If they cause pain, medications like paracetamol (acetaminophen) or ibuprofen is also used. Hormonal contraception is also wont to prevent further cysts in people who are frequently affected Most women of reproductive age develop small cysts every month. Large cysts that cause problems occur in about 8% of girls before menopause. Ovarian cysts are present in about 16% of girls after menopause and if present are more likely to be cancer.[2]

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### 2. CASE PRESENTATION

In April 2022, A 53year old women visited KNSH, Govt. Hospital, Shimla (H.P) with chief complaints of pain in lower abdomen, increase frequency of micturition and also increase blood and that they experienced these symptoms within the last 3 days. After taking ultrasonography there's multiple small and huge hypoechoic focal lesion of size 5×47 cm Right ovary: 2.9×1.5×1.8cm-4.2cc Left ovary: 3.4×2×2cm-7.6cc

Past medical history: There is history of passing blood clots within the last 3 years after the menopause.

Past medication history: She is taking the medication from last 3 years for cyst as prescribed by doctor.

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### 3. General examination:

Weight: 60 kg

Height: 5 foot 2 inches

BMI: 24.2 kg/m<sup>2</sup>

Physical activity: Daily work routine home, while performing tasks she feel pain in lower abdomen.

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### 4. Special investigations:

Ultrasound, CT scan, MRI, APTT (ACT PARTIAL THROMBO PLASTIN TIME, PLASMA), Uric acid, Urine analysis, Hemoglobin. Treatment: Total abdominal hysterectomy with bilateral salpingo-oophorectomy done under anesthesia. Tab. Cefuroxime 500mg BD, Tab. Metrogyl 500mg BD, Tab. Pantop 40mg TDS.

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### 5. Intervention:

Total abdominal hysterectomy is finished. Patient was advised to avoid mobilization and take adequate amount of rest.

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### 6. Care plan:

Advise to require balance diet. to require fruits, orange juices and salad in diet. Advise her to require lots of water. Refused exercises for a few times and do deep breathing exercise to scale back the discomfort.

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### 7. Outcome:

After the operation the patient's abdominal pain and bleeding was relived. Patient was advised to require the prescribed medications. Patient was advised to go to hospital after 1 month for follow up.

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### 8. DISCUSSION:

Ovarian cysts, also called ovarian masses or adnexal masses, are frequently found incidentally in asymptomatic women. Ovarian cysts are physiologic (having to do with ovulation) or neoplastic and may be benign, borderline (low malignant potential), or malignant. Ovarian cysts are sometimes found within the course of evaluating women for pelvic pain though the cysts may or might not be the reason behind the pain. Estimates of the prevalence of ovarian cysts vary widely, with most authors reporting between 8% and 18% of both premenopausal and postmenopausal women having ovarian cysts. Most post-menopausal cysts persist for years. within the us, approximately 5% to 10% of girls undergo surgical exploration for ovarian cysts in their lifetime though only 13% to 21% of those cysts are malignant. Presurgical evaluation of ovarian cysts is critical to stop unnecessary surgical intervention while still detecting potential malignancy. For the overwhelming majority of ladies, ovarian cysts don't seem to be precancerous lesions and don't increase the chance of developing ovarian cancer later in life. Removal of benign cysts doesn't decrease future mortality from ovarian cancer.[3]

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