Benign ovarian tumor L1

Ovarian tumor the 4th commonest gynecological cause of admission to hospital. Most common in pre-menopausal women and mostly asymptomatic and resolved spontaneously, but about 10% of them undergo to surgery.90%ofovarian tumor who managed surgically are benign in pre-menopausal woman and about 60% in post-menopausal women. Ovarian tumor may be physiological or pathological and may arise from any tissue in the ovary.

Most benign tumor are cystic like cystadenoma, mucinous adenoma but fibroma-thecoma- dermoid usually solid.

Classification of benign ovarian tumor

A. physiological cyst

Most common in young age and discovered accidently during pelvic examination or pelvic u/s.

1-follicular cyst

The commonest benign ovarian n tumor resulted from non-rupture Graafian follicle. Smaller cyst resolved spontaneously over several menstrual cycles but large cyst may need surgical intervention.

2. Luteal cyst

Less common and result from persist corpus luteum more than 3cm.

B. pathological cyst

1. Epithelial tumor

The majority of tumor are epithelial arise from surface epithelium of ovary about 60-65% of all ovarian tumor the coelemic epithelium that cover the ovary give rise to Varity of epithelia of mullerian origin which line other genital tract include fallopian tube(serous),uterus (endometroid) cervix (mucinous)or uro epithelium (Brenner)

Serous cyst adenoma

The most common benign tumor epithelial tumor about 40%and it is bilateral in 10% .it unilocular cyst with papilliferous process in inner surface by u/s .the risk of malignancy in these tumor is 30%

Mucinous cyst adenoma

The second most common ovarian tumor about 15-20%of ovarian tumor they are unilateral large multilocular.

Endometroid cystadenoma

Brenner tumor

They account about 1-2%of ovarian tumor and bilateral in 10-15%.the majority are benign some secrete estrogen causing abnormalvaginal bleeding

Clear cell tumor

2.Benign germ cell tumor

They are account 30%of all ovarian tumor they are the commonest tumor seen in women less than 30 yrs they are classified into cystic or solid germ cell tumor malignant potential of these tumor are more than 5%

They arise from germ cell of ovary.

Dermoid tumor (mature cystic teratoma)

It account about 40% of all ovarian tumor it is bilateral in 10% it is usually unilocular in which ectodermal structures are predominant

The majority of cases are asymptomatic but 3-10% undergo to torsion.1% may be rupture spontaneously causing acute abdomen or chemical peritonitis .2% of them said to contain malignant component.

Mature solid teratoma

3. Sex cord stromal tumor

these tumor composed of granulosa, theca cell ,sertoli cell ,leydig cell, fibroblast or precursor of these cell. They may be associated with estrogenic ,androgenic or progestogenic effects. these tumor composed about 4%of benign ovarian tumor.

Theca cell tumor

They are benign and many of these tumor secreted estrogen present with systemic manifestation like precocious puberty, postmenopausal bleeding or abnormal vaginal bleeding.

Fibroma

These tumor derived from stromal cells and may be associated with ascites and pleural effusion cause meigs syndrome.

Clinical presentation

- Asymptomatic
- Pain
- Abdominal swelling
- Other symptom like GIT or urinary symptoms

Management

History

Examination

- general
- abdominal
- Bimanual

Investigation

Blood test tumor marker

CBC+ESR

Ca 125,B-HCG,&-fetoprotein-LDH

u/s +radiological imaging like CT and MRI

Treatment

Treatment depend on symptoms, desire fertility, risk of malignancy and age of patient.

Criteria for observation of asymptomatic ovarian tumor

- unilateral
- unilocular
- normal ca-125
- size of tumor
    - Less than 5 cm in menopausal women
    - Less than 7 cm in premenopausal women
- no free fluid or mass

Therapeutic aspiration under u/s guided

The best candidate women with unilateral ,unilocular, thin wall and less than 10 cm in diameter

Trauma to adjacent organs and recurrence rate high.

Laproscopic cystectomy

It used if there is suspicion about nature of pelvic mass and if tumor suitable for laparoscopic procedure. Disadvantage of this procedure spillage of content ,incomplete excision and unexpected histological diagnosis of malignancy .

laprotomy