

Clinical Manifestations of Benign Ovarian Tumours

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Aims and objectives:- To examine the cases of Benign Ovarian Tumours and their clinical manifestations. **Design:-** Prospective study of consecutive cases of Ovarian tumours, identified using gynaecological case records. **Place:** Tertiary care teaching hospital affiliated with Fatima Jinnah Medical College Lahore, managing more than 1500 gynaecological cases annually. **Subjects:** 50 cases of Ovarian tumours managed in Department of Gynaecology & Obstetrics Sir Ganga Ram Hospital, Lahore between 1st May 2004 to 1st May 2005. **Results:** The most common presenting complaints were abdominal pain or discomfort and palpable tumour causing abdominal distension. Abdominal pain was present in 70% of benign ovarian tumours. 20% of the patients had pain due to torsion of ovarian cyst. The complaint of a palpable tumour was found in 47% of cases. Vague abdominal and bowel complaints were present in 22.5% of cases. 6(15%) patients were asymptomatic. Of these 2 were diagnosed by ultrasound and 3 at the time of emergency Caesarean section and one on routine pelvic examination. Menstrual irregularity and urinary complaints were present in a small number of patients. None of the patient complaint of weight loss or post menopausal bleeding. **Conclusion:** Benign Ovarian Tumours are most common cause of ovarian enlargement and a very common cause of hospital admission. Symptoms and signs are non specific and presentation is a late stage.

Key words: Ovarian tumour, benign, clinical manifestation.

Overall incidence of benign tumours is 80-85% of all Ovarian tumours (Cortan S.R. et al 1994). Physiological cysts account for 20-25% of benign ovarian tumours (Noshin W.Y. et al 1995), whereas 75-80% of neoplastic tumours of the ovary are benign (Anderson M.C. 1990).

Benign ovarian tumours are the commonest lesions seen in the ovary and are very common cause of hospital admissions (Westhof C., Clark J. G. 1992). They occur mostly in young women and the major concern in them is to exclude malignancy without causing undue morbidity or impairing future fertility. Management of benign ovarian tumours depends on the severity of symptoms, age of the patient and size of the cyst. Bilateral ovarian tumours can cause destruction of all ovarian tissue leading to premature menopause and symptoms of oestrogen deficiency (Benrubi G.I.1992).

Benign ovarian tumours can be asymptomatic and discovered during routine examination for such purposes such as antenatal care, family planning, cervical cytology or insurance. In trials of screening for ovarian cancer by ultrasound, many asymptomatic benign tumours were detected (Campbell et al 1989). Post menopausal women undergoing hormone replacement therapy may be found to have a palpable ovary (Gold Stein S.R. et al 1989). Benign ovarian tumours can present with pain, abdominal swelling and distension, pressure effects, menstrual disturbances and hormonal effects.

Material and method:

All cases of ovarian tumours admitted and operated in the Department of Obstetrics and Gynaecology of Sir Ganga Ram Hospital, from 1st May 2004 to 1st May 2005 were recruited. Cases of benign and malignant ovarian tumours were separated and benign ovarian tumours were studied. Data was obtained regarding the clinical manifestations for all the patients. This information was recorded on a preset

form. age, parity, menstrual history, past history or family history of any malignancy was recorded. Clinical manifestations such as abdominal discomfort or distension, vaginal bleeding or weight loss were looked for and if present, their duration was documented. Physical findings on abdominal or pelvic examination were recorded separately in terms of the presence or absence of a palpable mass. Laparotomy findings were recorded as regards consistency and size of tumour, whether bilateral or multilocular and also whether torsion or haemorrhage into the tumour was present. Gross and microscopic morphologies were obtained from histopathology reports of the specimen taken during laparotomy.

Results:

Clinical manifestations of benign ovarian tumours

| Symptoms | n= | %age |
|------------------------|----|------|
| Abdominal pain | 28 | 70 |
| Bowel complaints | 99 | 22.5 |
| Asymptomatic | 06 | 15 |
| Urinary complaints | 03 | 7.5 |
| Menstrual irregularity | 03 | 7.5 |

The most common presenting complaints were abdominal pain or discomfort and palpable tumour causing abdominal distension. Abdominal pain was present in 70% of benign ovarian tumours. 20% of the patients had pain due to torsion of ovarian cyst. The complaint of a palpable tumour was found in 47% of cases. Vague abdominal and bowel complaints were present in 22.5% of cases. 6(15%) patients were asymptomatic. Of these 2 were diagnosed by ultrasound and 3 at the time of emergency Caesarean section and one on routine pelvic examination. Menstrual irregularity and urinary complaints were present in a small number of patients. None of the patient's complaint of weight loss or post menopausal bleeding.

Laparotomy findings of benign ovarian tumours, size, consistency, bilateral, multilocular, torsion, haemorrhage into cyst

| Size | n= | %age |
|-----------------------|----|------|
| 5-10cm | 22 | 55 |
| >10cm | 18 | 45 |
| Consistency | | |
| Cystic | 31 | 77.5 |
| Mixed | 07 | 17.5 |
| Solid | 02 | 5 |
| Bilateral | | |
| Multilocular | 10 | 25 |
| Torsion | 8 | 20 |
| Haemorrhage into cyst | 18 | 45 |

At laparotomy, majority of the benign tumours were cystic, whereas a small number (17.5%) were of mixed consistency and 5% of solid consistency. According to size, 55% were less than 10cm and 45% more than 10cm. 10% tumours were bilateral and 25% multilocular. Haemorrhagic fluid of the cyst was present in 45% and torsion in 20% of cases.

Discussion:

Benign ovarian tumours are the commonest cause of ovarian enlargement i.e about 3/4th of all ovarian tumours are benign. In this study, this finding was confirmed, 80% of the ovarian tumours were benign. Benign ovarian tumours occur in wide age range but are mostly seen in younger age group (Saeed M 1991).

Benign ovarian tumours may be entirely asymptomatic in early stages and be discovered unexpectedly by an abdominal, pelvic or ultrasound examination or during surgery (Nighat R.B. et al 1995, Jacob et al 1993). In this study, 15% of patients were asymptomatic and were discovered unexpectedly on ultrasound, routine pelvic examination or at a time of emergency Caesarean section. When symptomatic the presentation of benign ovarian tumour is by abdominal pain or distension and/or urinary or gastrointestinal symptoms (Cortan S. R. et al 1994). In this review abdominal pain was found to be the most frequent presenting symptom (70%). Acute abdominal pain due to torsion or haemorrhage of cyst was present in 45% of cases. A palpable abdominal tumour and abdominal distention was complaint by 47.5% of cases. Vague gastrointestinal and urinary symptoms were also complaint by a significant proportion of patients. Menstrual irregularity is rarely present with benign ovarian tumours, except for the rare oestrogen secreting sex cord stromal tumours which may cause postmenopausal bleeding. In this study menstrual irregularity was present in 7.5% of patients and none of the patients had postmenopausal bleeding. Weight loss was not complaint by any patient. Most common physical finding was a cystic abdominal swelling in 75% of cases. Ultrasound cannot distinguish benign from malignant ovarian tumours (Tingulsted et al 1996, Depries P.D. et al 1993).

Ultrasound was done in half of the patients before operation in this study, 25% of the tumours of mixed consistency and 10% solid and 65% were cystic. It was not possible to correctly distinguish between benign and malignant ovarian tumours preoperatively.

At operation, the morphological findings of ovarian cysts are mostly cystic, unilateral and unilocular according to most studies (Cortan S. R. et al 1994). They may be multilocular and bilateral in 1/10th of cases, the size of cyst varies. Solid benign tumours are present in 6% of ovarian tumours (Souter W.P. 1992). Complicated benign ovarian cysts occur in significant proportion of cases especially torsion and haemorrhage into cyst causing symptoms. In this study the morphological findings of benign ovarian cysts at laparotomy were according to known data. Majority of the tumours were cystic (77.5%).

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