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Variables Associated With Resolution and Persistence of Ovarian Cysts

Ovarian cysts are a common finding in women of reproductive age, and usually are a source of anxiety for patients in clinical settings. During my OB/GYN rotation, in the clinic, I sometimes saw that patients reported a history of ovarian cysts. While discussed in an educational lecture by the attending physician, I gained a deeper understanding that many of the cysts patients are concerned about are often physiologic, such as corpus luteum cysts, which form as part of the normal menstrual cycle. Understanding the difference between a pathological and a physiological cyst is important, along with whether they resolve on their own or if medical intervention is required for management, which is important for guiding management and reassuring patients.

The article, “Variables Associated With Resolution and Persistence of Ovarian Cysts,” reports on a large prospective cohort called the University of Kentucky Ovarian Cancer Screening Trial. This study included over 2,600 women with incidental findings of ovarian cysts, and used ultrasound to check cyst size/structure. Patient factors were also assessed, such as age and menopausal status. The main goal of this study was to determine which ovarian cysts resolved spontaneously and which persisted in order to better understand how to improve clinical management.

As a result, the study findings showed that the majority of ovarian cysts tend to resolve on their own, with more than 60% resolving spontaneously in a year. Additionally, it also found that smaller cysts were less likely to cause symptoms in patients, and go away faster in comparison to bigger cysts, with cysts under 3cm resolving faster than those >6cm, and premenopausal women were at a better advantage with higher rates of resolution. The article made an important distinction that simple cysts resolved faster, whereas complex cysts (ex: endometriomas, dermoid cysts, cystadenomas) were complicated and required intervention. Lastly, the large cohort study stated that there were zero invasive ovarian cancers identified in all the women throughout the 20 years, with isolated simple cysts.

A strength of this study was its large prospective cohort design with long-term follow-up over 20 years, which strengthens the reliability of the findings. Also, the use of ultrasound allowed for characterizing cyst size/ morphology. One limitation is that the study population does not represent all patient populations equally, particularly younger patients or those outside of the screening programs.

This reinforces the approach of using conservative management for simple ovarian cysts because these are more common. Instead of immediately pushing for surgical intervention right away, this

allows for patients to be managed first-line with observation and imaging. This avoids unnecessary procedures and might be enough to alleviate a patient's anxiety.

By providing strong evidence supporting a conservative approach to ovarian cyst management, it can allow clinicians to better differentiate between physiologic and pathologic cysts to provide appropriate counseling. This applies not only to OB/GYN but to other specialties in which female patients bring this concern up to providers in various clinical settings.