



Management of Complex Ovarian Cyst: A Multidisciplinary Gynecological Approach

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Description

This case report details the intricate management of a complex ovarian cyst in a 35-year-old nulliparous woman. The patient presented with pelvic pain and irregular menstrual cycles. Imaging studies revealed a large ovarian cyst with concerning features, prompting a multidisciplinary approach involving gynecologists, radiologists, and oncologists. Surgical intervention, including cystectomy and frozen section analysis, was performed, and the patient's recovery was closely monitored. The case underscores the importance of collaborative decision-making in complex gynecological cases, highlighting the role of interdisciplinary expertise in optimizing patient outcomes.

Ovarian cysts are common findings in gynecological practice, often benign and self-resolving. However, the presence of complex ovarian cysts with concerning features warrants careful evaluation and management. This case report elucidates the nuanced approach to a complex ovarian cyst in a nulliparous woman, emphasizing the need for interdisciplinary collaboration in navigating complex gynecological scenarios.

Case presentation

A 35-year-old nulliparous woman presented with complaints of pelvic pain and irregular menstrual cycles. Transvaginal ultrasound revealed a large ovarian cyst with solid components and irregular septations, raising concerns about its malignant potential. Given the complexity of the cyst, the patient was referred to a multidisciplinary team comprising gynecologists, radiologists, and oncologists for further evaluation and management.

Investigations

In addition to transvaginal ultrasound, the patient underwent pelvic Magnetic Resonance Imaging (MRI) to characterize the cyst further. The imaging findings indicated a complex ovarian cyst measuring 8 cm in diameter with irregular borders and solid components, prompting concern for malignancy. Tumor markers, including CA-125, were within normal limits, providing additional insight into the cyst's nature.

Management

The multidisciplinary team conducted a thorough review of the patient's clinical and imaging data, weighing the risks and benefits of various management options. Given the concerning features of the ovarian cyst and the patient's desire to preserve fertility, a surgical approach was deemed necessary.

Surgical intervention

The patient underwent laparoscopic exploration with cystectomy by a skilled gynecological surgeon. Intraoperative findings revealed a cystic mass originating from the ovary, adherent to surrounding structures. Careful dissection and preservation of ovarian tissue were prioritized to safeguard the patient's reproductive potential.

Frozen section analysis

To expedite decision-making during surgery, a frozen section analysis of the cystic mass was performed. The results indicated a benign serous cystadenoma, reassuring the surgical team regarding the absence of malignancy. Complete excision of the cyst was achieved, and the affected ovary was preserved.

Postoperative course

The patient's postoperative course was uneventful, with resolution of pelvic pain. Histopathological examination of the excised cyst confirmed the benign nature of the lesion. Follow-up imaging demonstrated no evidence of residual disease.

Discussion

The management of complex ovarian cysts requires a meticulous and individualized approach. In this case, the collaborative efforts of gynecologists, radiologists, and oncologists were crucial in formulating an effective management strategy. The decision for surgical intervention was guided by the concerning features identified on imaging, emphasizing the importance of a multidisciplinary team in navigating complex gynecological cases.

Frozen section analysis played a pivotal role in intraoperative decision-making, providing real-time information about the nature of the cyst and influencing the extent of surgical intervention. This approach helped mitigate the potential psychological and physical impact of unnecessary radical procedures, particularly important in a nulliparous woman desiring future fertility.

Conclusion

Complex ovarian cysts pose diagnostic and therapeutic challenges, necessitating a collaborative and multidisciplinary approach for optimal patient care. This case report underscores the importance of interdisciplinary expertise in gynecological decision-making, particularly in cases where surgical intervention is considered. The successful management of the complex ovarian cyst in our patient highlights the significance of careful evaluation, individualized treatment planning, and the integration of frozen section analysis to ensure favorable outcomes and patient satisfaction.

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