OVARIAN CYSTS IN POSTMENOPAUSAL WOMEN

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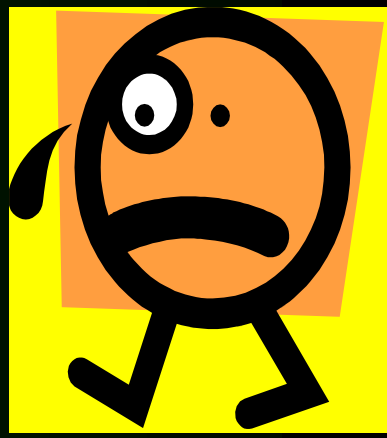
The greater use of ultrasound and other radiological investigations means that an increasing proportion of these cysts will come to the attention of gynaecologists.

Postmenopausal ovarian cyst



what is the most appropriate management ?

ovarian cysts in postmenopausal women should be assessed using

- CA125
- transvaginal grey scale sonography.

no routine role yet for Doppler, MRI, CT or positron emission tomography (PET).

CA125 is well established, being raised in over 80% of ovarian cancer cases .

if a cut-off of 30 u/ml is used, the test has a sensitivity of 81% and specificity of 75%.5

Vaginal Ultrasound is also well established, achieving a sensitivity of 89% and specificity of 73% when using a morphology index.

risk of malignancy index.

$$RMI = U \times M \times CA125$$

U: ultrasound score

0---- unilocular cyst.
1---- multilocular cyst;
2----evidence of solid areas
3----evidence of metastases
4----presence of ascites
5----bilateral lesions

M : 3 for all postmenopausal women

CA125 :

cut-off of 30 u/ml

risk of malignancy index.

$$RMI = U \times M \times CA125$$

Risk	RMI
Low	< 25
Moderate	25–250
High	> 250

RMI< 25

Simple, unilateral, unilocular ovarian cysts, less than 5 cm in diameter, have a low risk of malignancy in the presence of a normal serum CA125.

- **It is recommended that they may be managed conservatively.**
- **Repeat TVS + serum CA125 (for max. of one year at four-monthly intervals).**
- **If Cyst resolved or no change after one year (three scans) then discharge.**

RMI 25 -250

Laparoscopy or laparotomy in cancer unit

RMI 25 -250

The laparoscopic approach should therefore be reserved for those women who are not eligible for conservative management but still have a relatively low risk of malignancy.

RMI 25 -250

the appropriate laparoscopic treatment for an ovarian cyst, which is not suitable for conservative management, is oophorectomy, with removal of the ovary intact in a bag without cyst rupture into the peritoneal cavity.

RMI 25 -250

Women at intermediate risk undergoing laparoscopic oophorectomy should be counselled preoperatively that a full staging laparotomy would be required if evidence of malignancy is revealed.

RMI >250

All ovarian cysts that are suspicious of malignancy in a postmenopausal woman, as indicated by :

- a high risk of malignancy index .
- clinical suspicion .
- or findings at laparoscopy are likely to require a full laparotomy and staging procedure.

This should be performed by an appropriate surgeon, working as part of a multidisciplinary team in a cancer centre

SUMMARY

LOW RISK: Less than 3% risk of cancer

- Management in a gynaecology unit.
- Simple cysts less than 5 cm in diameter with a serum CA125 level of less than 30 may be managed conservatively.
- Conservative management should entail repeat ultrasound scans and serum CA125 measurement every four months for one year.
- If the cyst does not fit the above criteria or if the woman requests surgery then laparoscopic oophorectomy is acceptable.

SUMMARY

MODERATE RISK: approximately 20% risk of cancer

- Management in a cancer unit.
- Laparoscopic oophorectomy is acceptable in selected cases.
- If a malignancy is discovered then a full staging procedure should be undertaken in a cancer centre.

SUMMARY

HIGH RISK: greater than 75% risk of cancer

- Management in a cancer centre.
- Full staging procedure :
  - cytology: ascites or washings
  - laparotomy with clear documentation
  - biopsies from adhesions and suspicious areas
  - TAH, BSO and infra-colic omentectomy

thank you