

Cystadenomas

Patient Information Series – What you should know, what you should ask.

What are cystadenomas?

Cystadenomas are benign ovarian tumors of epithelial origin. The two main types are serous and mucinous. These tumors occur in adults of all ages, with reported mean ages ranging from 20 to 60 years.

What are the clinical symptoms?

The symptoms and signs are non-specific and reflect the size and location of the mass. When present, they include abdominal pain, discomfort and bloating. However, most patients are asymptomatic and tumors measuring 1-3 cm are usually incidental findings.

Should I have more tests done?

In most cases Cystadenomas are discovered incidentally during routine transvaginal ultrasound examinations. Ultrasound examination is the first imaging method of choice in patients with an adnexal mass. Magnetic Resonance Imaging is considered only when the ultrasound examination is inconclusive.

Which is the best treatment?

Treatments should include surgery when the mass is large, or the patient is symptomatic. Cystadenomas can be managed conservatively with a follow up scan. The surgical treatment includes cystectomy (removing the cyst) or adnexectomy (removing ovary and fallopian tube) and it depends on patient's age and desire to preserve fertility.

What is the prognosis?

All Cystadenomas are benign tumors, and the prognosis is excellent, although they can recur. Therefore, a follow up with ultrasound examination is recommended for patients who have had surgery for Cystadenomas.

What other questions should I ask?

- Was the examination of the fetal spine completed?
- Is the fetal spine intact?
- Do I need additional imaging?

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