

P65. Study to co-relate incidence of ovarian cysts / tumors in patients with bulky ovaries or polycystic ovarian disease (PCOD) and/or obesity

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Objectives

An observational study was conducted at P.D.Hinduja National Hospital and Medical Research Centre on 100 patients who were operated for ovarian cysts/tumors between January 2015 and October 2017. Patients of all age groups were included in the study without any bias. We conducted this study because we observed a higher incidence of obesity & bulky ovaries or PCOD in these patients.

Methods

Patients who presented to outpatient clinic with persistent ovarian cysts/tumors and were operated for the same were included in the study. Those patients who had functional ovarian cysts were treated medically and excluded from the study. The patients were asked about the symptoms suggestive of PCOD at present or in the past.

Parameters such as body weight, height, BMI were evaluated in all patients. We noted the contralateral ovarian volume on USG / CT / MRI as applicable..

Result

Out of 100 patients included in the study, 29 were overweight (BMI 25.1 – 29.9), 9 were obese (BMI 30-35), 8 were severely obese (BMI 35.1-39.9) and 1 was morbidly obese (BMI >40). 16 had history of PCOD, 16 had bulky contralateral ovary observed during surgery, 1 had bilateral ovarian cysts with history of PCOD, 23 had bilateral ovarian cysts without history of polycystic ovarian disease. 84% patients with ovarian cysts were in fertile age group and 16% were in perimenopausal phase or were postmenopausal. Hence, we observed that 34.375% of patients with unilateral or bilateral ovarian cysts had history of PCOD or bulky contralateral ovary. Moreover, 48.95% patients with ovarian cysts were either overweight or obese (30.2% patients were overweight, 9.3% were obese, 8.33% severely obese and 1.04% morbidity obese.)

Conclusion

We found that the patients with ovarian cysts / tumors had a higher incidence of PCOD, bulky ovaries and / or BMI more than 25.

Key words: Ovarian cysts, PCOD, Obesity.

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