Ovarian Cyst and Polycystic Ovary

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Abstract

With the improvement of ultrasound methods, specialists are better ready to identify ovarian cyst and polycystic ovary. In any case, these cysts are frequently benign. The ovary is a significant organ in the body, so it is not remarkable that any pain or inconvenience at this level causes us to feel pressure and rapidly go to a specialist's counsel. Among these reasons for uneasiness: The presence of growths on the ovary. Regardless of whether we find its reality by some coincidence, this makes us ask our temperament, particularly our ripeness. During each menstrual cycle, another ovarian follicle develops, and afterward, at a specific second, given an ascent in hormones, it detonates to discharge an egg prepared for fertilization. Yet, now and again hormones break down. The follicle keeps on growing and transforms into a pimple that will continuously decrease its expansion. Here we are discussing clinical ovarian cyst, where the body of evidence authorities prompt against any treatment. It is accounted for that this ordinary move happens to an enormous degree consistently however it is to some degree hard to analyze. In the event of any questions, the specialist demands the patient to experience an ultrasound to affirm the nearness of a useful swelling and attempt to screen accounted for that this ordinary move happens to an enormous degree consistently however it is to some degree hard to analyze. In the event of any questions, the specialist demands the patient to experience an ultrasound to affirm the nearness of a useful swelling and attempt to screen.

Keywords: Polycystic ovary, Ovarian Cyst, Women health

1. Introduction

Notwithstanding, some kinds of pimples may cause menstrual problems and serious pain in one of the furthest points. In 90 percent of cases, this is just an interpretation of a little overlap of ovarian activity. Regardless of whether these blisters show up and disappear during the menstrual cycle, they become enormous enough and upsetting that they require medical procedures. Interestingly, different types of useful growths can be treated through medication, particularly during ovarian incitement to animate childbearing. In any case, if the pimple doesn't come back to ordinary following a couple of months, medical procedure might be required (1-2).

Then again, there is no compelling reason to examine the issue of experiencing medical procedure if the pimple is seen as natural, that is, it is not identified with changes and variances in the menstrual cycle. Since this serious sac, in all cases, the medical procedure ought to be performed to dispose of it. In some cases, the medical procedure must be done rapidly because the danger of turning, the ovary might be harmed, turns out to be too great (3).

The way toward disposing of the blister is done by playing out an endoscopy while keeping up the ovary however much as could be expected if the lady has a natural cyst, that is, it isn't related to changes and vacillations in the menstrual cycle. Since this extreme sac, in all cases, the medical procedure ought to be performed to dispose of it. Now and then, the medical procedure must be done rapidly because the danger of contorting, the ovary might be harmed, turns out to be excessively unbelievable.

The way toward disposing of the pimple is helped out through an endoscopy technique while protecting the ovary however much as could be expected if the woman is still of childbearing age. It is a disease influencing the ovaries, where there is an unsettling influence of the characteristic procedure of ovulation because of a hormonal irregularity in the body, and it is in some cases related with a few side effects that show up together on the patient and around then it is called ovarian cyst condition, for example, issue of the menstrual cycle, expanded body weight and the presence of coarse hair in various zones of the woman's body, some of the time the complaint doesn't have any side effects and can be found coincidentally during a normal assessment of the patient (4-6).

The extent of the disease and its prevalence

It is an extremely normal gynecological illness and its rate differs starting with one nation then on top of the next, and the general rate of contamination ranges from 5-10%, and there is an expansion for this rate without knowing the reasons (7).

Reasons for the onset of the disease

The genuine reasons for the complaint are obscure, and it is accepted that there is a hereditary nature of the infection, and it is accepted that its qualities are of the predominant type and go with its appearance in women with a male like hairlessness in women, and the hereditary legacy of the disease isn't yet found, and most ages are influenced by this ailment is in pre-adulthood Where a quick increment in weight happens at this age, just as fast hormonal changes likewise occur (8).

Some contemplate showing that the viability of insulin hormone receptors is identified with the issue and that a few medications, for example, epilepsy treatment lead to the presence of these indications in their clients.

Manifestations of the illness:--

We have just referenced that the manifestations of the illness are
exceptionally changed, and the disease can be found by chance during the occasional assessment of the patient and is analyzed depending on the picture of the ovary, which is the nearness of 10-12 eggs with a size of 8-10 mm dissipated in the region of the ovary (9-10).

**The remaining symptoms**

1-Disorder of the menstrual cycle and this issue comes as a break or a dispersing in the period and the interference might be essential or optional relying upon the level of illness.

2- Weakness and unsettling influence in the ovulation procedure, which prompts postponed pregnancy and essential or optional barrenness cases.

3-An expansion in weight where the patient's normal weight is BMI> 30kg, and for the most part the expansion in weight is gathered in the storage compartment and limits, and this happens because of unsettling influence in the degree of fats in the body, including Leptin.

4-The presence of coarse hair in various regions of the lady's body, including the jaw and the mustache region, just as the lower midsection and chest, and this happens because of the turmoil of the male hormone.

5-Increasing the rate of skin inflammation and the skin turns out to be sleek.

6-Repeated projection because of high LH hormone (11).

It isn't completely clear the hormonal changes that happen in the ovarian blister, however, the most significant one is the elevated level of the hormone insulin in over half of cases, and this hormone is emitted from the pancreas organ and its primary capacity is grip to the cell layer and afterward conveys glucose atoms and passes it out of the blood into the cells that you use to create vitality and do metabolic processes (12).

Concerning polycystic ovariies, these atoms can't accomplish this work despite their common attachment to the cell division, which gives this position a pancreatic organ's ingenuity by proceeding to emit the hormone to make up for the absence of adequacy and henceforth the elevated level of the hormone (13). This effect is reflected in the ovaries and can be summarized in two main points:

1-Disturbance in the ovaries reaction to hormonal signs exuding from the brain, which are liable for the arrangement of eggs, which prompts hindered early development of eggs and staying in the ovaries as little neighboring sacs (13).

2- Increasing the discharge of the male hormone from the ovaries, just as expanding the affectability of the body cells to this hormone (13).

**Diagnosis**

Finding of the ailment isn't troublesome right now and relies upon three variables:

1- The patient's clinical assessment and review of the recently referenced side effects.

2- Some research center tests, for example:

1-High LH hormone

2- An expansion in the degree of the hormone insulin, even though the degree of diabetes in the blood is typical, and here it is because of the inadequacy of the hormone receptors, which prompts an increment in its release.

3- The significant level of the male hormone Testosterone.

4- The significant level of the milk hormone.

5- High estradiol and eastern.

6- The low degree of receptors for sex hormones.

7-Sometimes the ailment is joined by scatters in the thyroid hormones and the milk hormone (14).

**Health education about treatment of ovarian cysts:**

Treatment of PCOS is centered on the manifestations related to it, as there is no solution for this sickness.

I - Menstrual scatters: This can be managed to utilize conception prevention pills or progesterone pills routinely with the utilization of Metformine pills with a gauge comparable with the heaviness of the influenced individual and keep on taking them until the body hormones are normal.

II - The presence of coarse hair: This is finished by taking enemy of male hormone pills, yet these medications require a time of 6-8 months until changes happen in the unpleasantness of the hair and for this, it is encouraged to utilize different strategies to expel it until the beginning of these medicines, for example, laser pressing and the utilization of abrasives unusual hair.

III- Weight gain: There is a solid connection between weight addition and ailment, and the two things lead to one another, as being overweight can be related with a hormonal issue, which thusly prompts cystic state, and the other way around, as a hormonal issue, can be the reason in expanding weight and it is strongly prescribed to utilize wholesome projects and exercise to shed pounds to adjust this hormonal issue.

IV- Infertility: Infertility treatment is classified into two types (16).

1-Medical treatment

2-Surgical treatment

1-Medication Therapy: Here, therapeutic medicines are additionally isolated into two sections: -

The main kind is the Metformine pill that assists with regularizing hormones in the body and lessen the seriousness of the sickness and increment the reaction of ovaries to energizer medications. These medicines must proceed for a period extending between 3 a year and this period relies upon the degree of the hormone insulin for this situation just as This treatment encourages not to cause an inordinate reaction when utilizing ovarian needles or energizer pills, and it is additionally encouraged to utilize these pills during the time of menstrual cycle (16).

An over the top reaction when utilizing ovarian needles or shot in the arm pills, and it is likewise encouraged to utilize these pills during the main long stretches of pregnancy to diminish the drop rate in this period (16).

The subsequent treatment is to give the patient ovulation-invigorating hormones either as Clomid pills or FSH, LH hormone needles with cautious checking of ovaries, and the recognizable proof of ovulation days. At the point when ovulation happens, the rate of pregnancy is about 40%.

**Surgical treatment**

The antiquated technique for careful mediation of the ovary is the careful empty of part of the ovaries, and this needs to open the patient's midsection, which may bring about grips, which thusly lead to sterility, and this procedure no longer has any utilization right now.

For the cutting edge activities, they are performing aperture of the
ovaries through the laparoscope, and their prosperity rate comes to from 50-70% if they are performed precisely by a skillful specialist (17).

Nursing primary care plays an essential role in health promotion through disease management and infertility prevention by providing support and much-needed information to the patient with endometriosis. APNs can also facilitate quality of care and manage treatments effectively to improve quality of life, reduce pain, and prevent further progression of the disease. Practice recommendations include timely diagnosis, pain management, infertility counseling, patient education, and support for quality of life issues (17).

The complication of the disease
1- Diabetes.
2- Uterine malignant growth.
3- High circulatory strain.
4- Some illnesses of the heart and supply routes.
5- Disturbance of fat and abundance of body fat (17-19).

References