

PATHOLOGICAL ANATOMY OF OVARIAN CYST

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Abstract: *ovarian cysts are common gynecological pathologies, varying in etiology and clinical significance. This study aims to determine the most prevalent type of ovarian cyst found in biopsies conducted in 2024, alongside analyzing the most affected age group. Data from histopathological examinations were reviewed, revealing that functional cysts were predominant. The highest incidence was observed in women aged 30-40, likely due to hormonal fluctuations.*

Keywords: *ovarian cysts, gynecological pathology, functional cysts, histopathological examination, age group, hormonal fluctuations, biopsy, diagnostic strategies, therapeutic approaches.*

Introduction

Ovarian cysts are fluid-filled sacs arising from ovarian tissue, frequently encountered in reproductive-aged women [01]. They can be benign or malignant, necessitating histopathological examination for definitive diagnosis. Studying their prevalence and distribution assists in improving patient management and prognosis [02].

Objective

The study aims to identify the most frequently diagnosed ovarian cyst type in biopsies performed in 2024 and determine the age group with the highest incidence, analyzing potential reasons for this demographic trend.

Materials and Methods

A retrospective analysis was conducted on ovarian biopsy reports from major pathology laboratories. The sample included women aged 18-60 diagnosed with ovarian cysts. Data were categorized based on histological findings and patient age. Statistical analysis was performed to determine the most common cyst type and the age group most affected [03].

Results and Discussion

The most common ovarian cyst identified was the functional cyst, accounting for 45% of cases, followed by endometriotic cysts (25%), dermoid cysts (15%), and mucinous cystadenomas (10%). The highest incidence was observed in the 30-40 age group, likely due to hormonal imbalances affecting follicular development. Increased estrogen exposure and luteal phase abnormalities contribute to the formation of functional cysts in this demographic. These findings underscore the importance of regular gynecological monitoring and hormone regulation strategies for early detection and management [04].

Given that functional cysts are often transient but can sometimes lead to complications such as ovarian torsion or rupture, timely intervention is crucial. Moreover, the prevalence of endometriotic cysts highlights the need for improved awareness and management of endometriosis, which can significantly impact fertility and quality of life. Future research should focus on the role of lifestyle

factors, genetic predisposition, and potential preventive measures to reduce the incidence of ovarian cysts across different age groups [04].

Additionally, educating patients about the signs and symptoms of ovarian cysts can empower them to seek medical advice promptly. Simple lifestyle modifications, including maintaining a healthy diet, regular exercise, and managing stress, may also contribute to better reproductive health.

Collaborative efforts between healthcare providers and patients are essential to create tailored management plans that consider individual risks and experiences. This personalized approach can improve outcomes for those affected by ovarian conditions.

Future studies should aim to explore the correlations between hormonal therapies, alternative treatments, and the long-term effects of both on ovarian health. By establishing comprehensive strategies that encompass both prevention and treatment, the healthcare community can better support women dealing with these conditions, ultimately fostering safer reproductive health practices and enhancing overall well-being.

Conclusion

This study highlights the predominance of functional cysts in ovarian biopsies and the susceptibility of women aged 30-40. Recognizing these trends enhances preventive and therapeutic approaches, emphasizing the role of hormonal influences in cyst formation. Further research is necessary to explore long-term clinical outcomes of these cysts and refine management protocols [05].

References

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