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The Efficacy of Sclerotherapy for Conservative Treatment of Ovarian Pseudocyst

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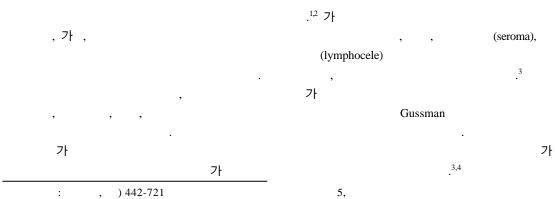
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Objective: To evaluate the efficacy of sclerotherapy for conservative treatment of ovarian pseudocyst. **Methods:** Patients with ovarian pseudocyst who had undergone sclerotherapy at Ajou University Hospital from February, 1997 to March, 2002 were included in this study. Sclerotherapy was performed as follows: Under intravenous analgesia, the cyst was irrigated with dehydrated alcohol after aspiration under transvaginal sonography. The aspirated contents and alcohol irrigated contents were sent for cytologic examination.

Results: 71 patients with ovarian pseudocyst were performed sclerotherapy. All but 2 patients were followed up for 0.5 to 33 months with transvaginal sonography and pelvic examination. Mean age of the patients was 40 years old. Mean size of the pseudocyst was 8.0 cm, mean amount of aspiration fluid was 179.8 ml, and average follow-up duration was 6.0 months. All had abdominal or pelvic surgical history and 38 patients (58.9%) of them had undergone hysterectomy. 44 of 71 patients (62.0%) were performed sclerotherapy only one time. 27 patients (38.0%) recurred and were undergone more than one time. Complication was not occurred in all cases.

Conclusions: We concluded that although pseudocyst after sclerotherapy has high recurrence rate, sclerotherapy was an safe and effective method for conservative treatment of ovarian pseudocyst.

Key Words: Pseudocyst, Sclerotherapy, Dehydrated alcohol



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Table 1	. Types of	previous	operations
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Type of operation	No. (%)
Hysterectomy	38 (53.5%)
Oophorectomy	10 (14.1%)
Cesarean section	7 (9.9%)
Exploratory laparotomy	7 (9.9%)
Laparoscopic surgery	4 (5.6%)
Ovarian cystectomy	2 (2.8%)
Myomectomy	1 (1.4%)
Staging laparotomy	1 (1.4%)
Appendectomy	1 (1.4%)
Total	71 (100%)

16 gauze (ultrasound ovum pickup set; Cook OB/GYN, Sydney, Australia)
. 5~10 cc

(Dehydrated alcohol; Hope Pharmaceticals, Santa

Ana, USA) 1~2

2~6 가 .

1991 AbdRaddo Atta 15 プト 5%

1997 2 2002 3

162 . フト 71 (43.8%)

· , , , 가

. 71 (Pethidine HCl; Hana

Pharm. Seoul, Korea) 50 mg

del SSD-620; Aloka Co., LTD., Tokyo, Japan)

1997 2 2002 3 7 7 1 . 40 24 59 .

40 24 59 . 가 (Table 1). 가

38 (53.5%) 7\\
10 (14.1%) , 7 (9.9%) ,
7 (9.9%) , 4 (5.6%) ,
2 (2.8%) ,
1 (1.4%)

•

1.

2. 가 가 8.0 cm

, 2.2 cm

3.

179.8 ml 10 ml 850 ml

(Mo-

Table 2. Size of the ovarian pseudocyst

Table 3. Volume of the aspirated contents

Size (cm) No. (%)		Volume (ml)		N	No.(%)	
5	11 (15.5%)	50		20 (28.1%)	
5< and 10	38 (53.5%)	>50 and	150	17 (23.9%)		
>10	20 (28.2%)	>150 and	250	9 (12.7%)		
Unknown	2 (2.8%)	>250 and 350		1 (1.4%)		
		>250 and	450	5 (7.0%)		
(Table 3). 50 ml		>450		7 (9.9%)		
7t 20 (28.2%) , 50~150 ml		Unknown		12 (16.9%)		
7 17 (23.5%) , 30~130 ml		Total		71		
가 1 (1.4%) , 350~450 m		Total		71		
450 ml 가 7 (9.9%						
	가	가		·		
•		,	exudate)			
	30	(6	30)~40	
1			,			
	, ,					
			71	, -	,	
			가 가		Sohaey	
2	33	가	71	가	30~100% , Kim	
6.0	33	87%가		* I	.1,2	
71	1	87%) [71			•	
フト 44 (62.0%)	2	, 1			(53.5%)	
	2	가			(14.1%),	
27 (38.0%		(9.9%	%) ,	(9.9%)	가	
(26.8%) 2 , 4 (5.6%)	3 , 3 (4.2%) 4					
, 1 (1.4%) 5		가				
		,6				
		(septation) 7				
가	(inclusion	•				
	pped ovarian cyst), nflammatory cyst),		가			
(benign cystic mesothelioma),		(anechoic)	(anechoic) .1,2,8			
(multilocular per	ritoneal cyst)	가				
가 .	가					

가 가 1981 Bean .14 , 15~17 1,7,8 .18 Noma .7,8 74 8,9,11 4 3 가 1991 AbdRabbo 15 13 5% .19 .5 Bret 7 20 4 6 가 12 5% 가 2 (33.3%) .11 (vasopressor)가 Zanette 209 ,¹⁰ Chang . Zanette 209 32 0.3% .10 46.87% .12 가 . Okagaki 가 (foreign body reaction) .13 .20 Noma 74

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11

2

10

2

.19

.

5~10 cc 1~2 . . .7t

.

. 1 가

1 7h 71 44 (62.0%) 2 37 (38.0%)

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- Sohaey R, Gardner TL, Woodward PJ, Peterson CM.
 Sonographic diagnosis of peritoneal inclusion cyst.
 J Ultrasound Med 1995; 14: 913-7.
- Kim JS, Lee HJ, Woo SK, Lee TS. Perit oneal inclusion cysts and their relationship to the ovaries: Evaluation with sonography. Radiology 1997; 204: 481-4.
- Gussman D, Thickman D, Wheeler JE. Postoperative peritoneal cysts. Obstet Gynecol 1986; 68(3 Suppl): S53-5.
- Bret PM, Atri M, Guibaud L, Gillett P, Seymour RJ, Senterman MK. Ovarian cysts in postmenopausal women: Preliminary results with transvaginal alcohol sclerosis. Radiology 1992; 184: 661-3.
- AbdRabbo S, Atta A. Aspiration and tetracycline sclerotherapy: a novel method for management of vaginal and vulval Gartner cysts. Int J Gynecol

- Obstet 1991; 35: 235-7.
- Koninckx PR, Penaer M, Brosens IA. Origin of peritoneal fluid in women: an ovarian exudate product. Br J Obstet Gynecol 1980; 87: 177-83.
- Hoffer FA, Kozakewich H, Colodny A, Goldstein DP. Peritoneal inclusion cysts: ovarian fluid in peritoneal adhesions. Radiology 1988; 169: 189-91.
- Jeong JY, Kim SH. Sclerotherapy of peritoneal inclusion cysts: Preliminary results in seven patients.
 Korean J Radiol 2001; 2: 164-70.
- Lipitz S, Seidman DS, Schiff E, Achiron R, Menczer J. Treatment of pelvic peritoneal cysts by drainage and ethanol instillation. Obstet Gynecol 1995; 86: 297-9.
- Zanetta G, Diego T, Lissoni A, Pittelli M, Valle CD, Rangoni G. Ultrasound-guided aspiration of endometriomas: possible applications and limitations. Fertil Steril 1995; 64: 709-12.
- 11. , , , , , , ,

1998; 41: 1055-60.

- 12. Chang CC, Lee HF, Tsai HD, Lo HY. Sclerotherapyan adjuvant therapy to emdometriosis. Int J Gynecol Obstet 1997; 59: 31-4.
- Rubinson RM, Bolooki H. Intrapleural tetracycline for control of malignant pleural effusion: a preliminary report. South Med J 1972; 65: 847-9.
- 14. Bean WJ. Renal cysts: treatment with alcohol. Radiology 1981; 138: 329-31.
- Simonetti G, Profili S, Sergiacomi GL, Meloni GB, Orlacchio A. Percutaneous treatment of hepatic cysts by aspiration and sclerotherapy. Cardiovasc Interven Radiol 1993; 16: 81-4.
- Zingrillo M, Ghiggi MR, Liuzzi A. A large, nonfunctioning parathyroid cyst recurring after aspiraton and subsequently cured by percutaneous ethanol injection. J Clin Ultrasound 1996; 24: 378-82.
- 17. Lohela P. Ultrasound-guided drainges and sclerotherapy. Eur Radiol 2002; 12: 288-95.
- 18. Gelczer RK, Charboneau JW, Hussain S, Brown DL.

- Complications of percutaneous ethanol ablation. J Ultrasound Med 1998; 17: 531-3.
- Noma J, Yoshida N. Efficacy of ethanol sclerotherapy for ovarian endometriomas. Int J Gynecol Obstet 2001; 72: 35-9.
- Okagaki R, Osuga Y, Momoeda M, Tsutsumi O, Taketani Y. Laparoscopic findings after ultrasoundguided transvaginal ethanol sclerotherapy for ovarian endometrial cyst. Human reproduction 1999; 14: 270.

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