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Ovarian Masses in Adolescents; Abnormal Uterine Bleeding in Adolescents

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Chapter 1—Ovarian Masses in Adolescents: Case Studies

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I. INTRODUCTION

This chapter discusses ovarian masses in adolescent patients. Three case patients are presented to highlight features of the management of adolescents with ovarian masses. The goals are to describe (1) the usual presenting signs and symptoms of an adolescent with an ovarian mass, and (2) the appropriate evaluation and management of an adolescent with an ovarian mass, including surgical interventions.

The discovery of an ovarian mass in an adolescent patient can be devastating to a young woman and her family. Ovarian masses in adolescence may be a result of functional cysts or neoplasms, which may be benign or malignant. Although most adnexal masses in adolescents are benign,[1,2] the clinician must make the diagnosis early to lessen the possibility of ovarian torsion and loss of an adnexa as well as to improve the prognosis for malignant lesions. Only about 6% of women with ovarian neoplasms are adolescents, but ovarian cancer remains the most common genital tract malignancy in this age group. The incidence, presentation, physical findings, evaluation, and management of various types of ovarian masses in the adolescent patient are reviewed in this manual.

In 1973, the World Health Organization classified ovarian masses into 9 major categories and 26 subtypes, based on histologic cell type and benign versus malignant state[3] (**Table 1**). Most ovarian neoplasms in adolescents are of germ cell origin; however, in the adult, epithelial tumors are more common.[1,4]

II. THE DIAGNOSIS OF AN OVARIAN MASS

PRESENTATION AND EXAMINATION

Adolescent patients with ovarian tumors are often diagnosed because they present with specific manifestations such as abdominal pain, increasing abdominal girth, nausea and vomiting, irregular vaginal bleeding, hirsutism/virilism, or a palpable mass.[2,5] The most common symptom (occurring in 41% to 80% of patients) is abdominal pain, which appears to be unrelated to the size of the neoplasm.[1] Abdominal distention occurs in 5% to 24% of patients, gastrointestinal problems in 7% to 40%, urinary problems in 3% to 18%, and endocrine abnormalities in 3% to 25%.[5–7] In adolescents, endocrinologically active masses may cause abnormal uterine bleeding, amenorrhea, or virilization.

In patients with adnexal masses, 35% to 80% have palpable lesions on examination.[5,6] However, a pelvic examination can be difficult in an adolescent, and accuracy in detecting adnexal masses can be limited.[8] Thus, imaging is a critical step in evaluating of adolescents with adnexal masses.

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