

Chocolate Cyst

Chocolate cyst (ovarian endometrioma) is a result of abnormally situated endometrium (uterine wall lining) within the ovaries (endometriosis of the ovaries). It is a sequelae of multiple episodes of periodic bleeding, equivalent to menses within the ovaries. Oxidization of the accumulated blood turns the content into a thick chocolate coloured tar-like fluid.

Endometriosis is a common condition which affects 10% of women. Fifty percent of women who have endometriosis develop endometriomas, often affecting both ovaries. Ovarian endometriomas are commonly densely adherent to surrounding structures, such as the peritoneum, fallopian tubes, and the bowel. Endometriomas may be asymptomatic, however most women with endometriosis have pain (chronic pelvic pain, pain before and during menses, pain during coitus). Some women have resulting infertility. Endometriomas can rupture and cause sudden abdominal pain, peritonitis and fever, warranting emergency surgery.

Pelvic ultrasound is useful to support the clinical diagnosis of endometrioma. When there are sonographic signs suggestive of endometriomas, it is likely that moderate to severe endometriosis is present.

Surgery is the preferred therapeutic approach for women with symptomatic or enlarging endometriomas. It is also advisable to remove asymptomatic endometriomas to confirm the diagnosis, exclude malignancy, and prevent complications such as rupture. Medical therapy is unlikely to result in complete regression of endometriomas larger than 1 cm. Under most circumstances, endometriomas can be removed using minimally invasive laparoscopic surgery. With this technique, women will have a shorter hospital stay, and make a faster return to normal activities, compared with traditional open surgery.

Regular physical examinations and ultrasounds are recommended following surgical removal of an ovarian endometrioma, as there is a recurrence rate of approximately 15 to 30 percent over the next five years.



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