

Natural Progression of Ovarian Endometrioma: An Ultrasound Assessment



Ovarian endometriomas, cystic formations that arise due to endometriosis, are commonly observed in women of reproductive age. Despite extensive research, the natural progression of endometriomas remains a topic of interest and some uncertainty, especially for those managed without medical or surgical intervention. A recent review published in *Ultrasound in Obstetrics & Gynecology* explores a study conducted on the natural behaviour of ovarian endometriomas through ultrasound assessments, aiming to provide insight into whether these cysts grow, regress, or remain stable over time. Understanding their progression is crucial for clinicians advising women who may be asymptomatic or have minimal symptoms and prefer to manage the condition expectantly.

Endometriomas: Stability, Growth, and Regression

The study retrospectively examined 83 women with ovarian endometriomas over a period ranging from six months to several years. Ultrasound scans were utilised to measure changes in the size of the cysts, with a specific interest in whether the cysts grew, remained static, or regressed. The results revealed that contrary to common belief, most endometriomas did not grow significantly. Approximately 47% of the women showed a reduction in cyst size, while 22% experienced growth, and in 31%, no meaningful change in size was observed. These findings suggest that for most women, endometriomas tend to remain stable or even regress over time when managed expectantly. This indicates that not all cases require immediate medical or surgical intervention, and careful monitoring may be a viable strategy for some patients.

Factors Affecting Endometrioma Behaviour

Interestingly, the study found no clear clinical predictors for endometrioma progression. The change in size did not significantly correlate with patient age, number of cysts, or initial cyst size. While it is often presumed that larger endometriomas are more likely to grow or worsen, the study found that even smaller cysts can remain stable or regress. Moreover, concurrent deep endometriosis (DE) nodules, which often accompany ovarian endometriomas, were not a reliable predictor of endometrioma growth. The study also demonstrated that in many cases, endometriomas can spontaneously regress and resolve, particularly in women with mild symptoms or those who are asymptomatic. This highlights the potential for conservative management as a safe and practical option for certain patients.

Expectant Management and Clinical Implications

The findings have important implications for the clinical management of ovarian endometriomas. The study observed that many cysts do not increase significantly in size, so it supports an expectant approach for women who are asymptomatic or have minimal symptoms. In clinical practice, this can translate to fewer interventions, reduced need for medication, and avoidance of surgical procedures unless warranted by worsening symptoms or complications. Importantly, this approach aligns with a growing trend of managing endometriosis conservatively, particularly for women concerned about the potential impact of surgery on fertility or ovarian reserve.

Counselling patients on the possibility of spontaneous regression or stability of their endometriomas can help reduce anxiety and support informed decision-making. Ultrasound monitoring at regular intervals can be an effective way to keep track of cyst progression without resorting to invasive treatments.

This study sheds light on the natural behaviour of ovarian endometriomas, demonstrating that in most cases, the cysts either remain stable or regress without intervention. This supports the use of expectant management for women who are minimally symptomatic or asymptomatic, offering a less invasive option for those who prefer to avoid surgery or medication. Regular ultrasound monitoring provides a safe and reliable method to track cyst behaviour over time, enabling personalised and evidence-based counselling for patients with ovarian endometriomas.

Source: [Ultrasound in Obstetrics & Gynecology](#)

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