



Understanding Ovarian Cancer: An Overview

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DESCRIPTION

Ovarian cancer, a malignancy originating in the ovaries, is a significant health concern and remains one of the most challenging gynecology cancers. It is often diagnosed at an advanced stage due to its subtle symptoms and lack of effective screening methods. Understanding ovarian cancer involves exploring its types, risk factors, symptoms, diagnosis, treatment options, and ongoing research efforts. Ovarian cancer encompasses several types, each originating from different cells within the ovaries, the most common type, accounting for about 90% of ovarian cancers. It originates from the cells lining the surface of the ovaries. Within this category, there are several subtypes, including serous, mucinous, endometriosis, and clear cell carcinomas. These cancers develop from the cells that produce eggs. Germ cell tumors are rarer and typically affect younger women. They include types such as dysgerminomas, yolk sac tumors, and teratomas. These tumors arise from the connective tissue cells that support the ovaries. They are less common and include granulosa cell tumors, Sertoli-Leydig cell tumors, and other rare types. Also known as tumors of low malignant potential, these tumors have abnormal cells but are not as aggressive as invasive cancers. They often have a better prognosis. Several factors can influence the risk of developing ovarian cancer: Genetic mutations, particularly in BRCA1 and BRCA2 genes, are strongly associated with an increased risk of ovarian cancer. Women with a family history of ovarian or breast cancer may be at higher risk. The risk of ovarian cancer increases with age, with the majority of cases occurring in women over 50, particularly postmenopausal women. Women who have never been pregnant or have had difficulty conceiving may have a higher risk of ovarian cancer. Conversely, using oral

contraceptives and having multiple pregnancies may reduce the risk. Hormone Replacement Therapy (HRT) and certain fertility treatments may influence risk, although evidence is mixed. A family history of ovarian, breast, or colorectal cancer can increase risk due to inherited genetic mutations. Ovarian cancer is often referred to as a “silent” disease because its symptoms can be vague and easily attributed to other conditions. Persistent bloating or a feeling of fullness in the abdomen. Discomfort or pain in the pelvic region. Increased urgency or frequency of urination. Difficulty eating, nausea, or changes in bowel movements. Significant changes in weight without a clear reason. Persistent tiredness that does not improve with rest. Because these symptoms can be associated with other conditions, ovarian cancer is often diagnosed at a later stage. Diagnosing ovarian cancer typically involves a combination of methods: A physical exam to feel for any abnormalities or masses in the pelvic area. Ultrasound, CT scans, or MRI are used to visualize the ovaries and detect any abnormal growths or tumors. The CA-125 test measures the level of a protein that may be elevated in women with ovarian cancer. However, it is not specific and can be elevated in other conditions as well. The definitive diagnosis is made through a biopsy, where tissue is removed from the ovary and examined microscopically for cancer cells. This may be done through surgery if the cancer is suspected.

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CONFLICT OF INTEREST

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