

Ovarian Remnant Syndrome: Causes, Symptoms, Diagnosis and Treatment

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Commentary

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INTRODUCTION

Ovarian Remnant Syndrome (ORS) is a rare condition that occurs in women who have had one or both ovaries removed. In ORS, a small piece of ovarian tissue is accidentally left behind during surgery, which can cause a range of symptoms. In this manuscript, we will explore the causes, symptoms, and treatment of ovarian remnant syndrome. According to a study of 119 women who underwent laparoscopic hysterectomy and oophorectomy, ovarian remnants were found in 21 patients (18%). The incidence of ORS is difficult to estimate due to the rarity of the condition, but it is believed to occur in less than 1% of women who undergo Bilateral Salpingo-Oophorectomy (BSO), with or without hysterectomy. Although the incidence is low, it is important for healthcare providers to be aware of ORS as a potential complication of oophorectomy and to consider it in patients who present with symptoms such as pelvic pain or abnormal bleeding.

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Causes

ORS occurs when a small amount of ovarian tissue is left behind during surgery. This can happen if the surgeon is not able to remove all the ovarian tissue, or if the ovarian tissue is left intentionally to preserve fertility. In some cases, ORS can also occur if the ovary ruptures during surgery.

Symptoms

The symptoms of ORS can vary depending on the size and location of the ovarian remnant. Some common symptoms include:

Pelvic pain: This is the most common symptom of ORS and can range from mild to severe.

Menstrual irregularities: Women with ORS may experience irregular or heavy periods.

Pain during sex: ORS can cause pain during sexual intercourse.

Infertility: The presence of an ovarian remnant can interfere with fertility.

Ovarian cysts: Women with ORS may develop ovarian cysts, which can cause pain and discomfort.

Diagnosis

Diagnosis of ORS typically involves a physical exam, medical history, and imaging tests, such as ultrasound or MRI. A biopsy may also be necessary to confirm the presence of ovarian tissue. The gold standard of treatment for ORS is surgical excision, which involves removing the ovarian remnant. However, medical and other procedural treatments may also be appropriate alternatives or adjuncts to treatment. Risk factors for ORS include endometriosis, pelvic inflammatory disease, and pelvic adhesive disease.

If anyone is experiencing symptoms of ORS, it is important to speak with doctor. They can help diagnose the condition and determine the best course of treatment. With proper diagnosis and treatment, most women with ORS can experience relief from their symptoms.

Treatment

The treatment of ORS depends on the severity of the condition and the symptoms experienced by the patient. Some common treatment options include:

Surgery: In most cases, surgery is necessary to remove the ovarian remnant. This can be done through laparoscopy, which is a minimally invasive procedure.

Hormone therapy: Hormone therapy may be used to manage the symptoms of ORS, such as pelvic pain and menstrual irregularities.

Pain management: Pain medication may be prescribed to manage the pelvic pain associated with ORS.

Fertility treatment: Women who are experiencing infertility due to ORS may benefit from fertility treatments such as *In Vitro* Fertilization (IVF).

CONCLUSION

Ovarian remnant syndrome is a rare condition that occurs in women who have had one or both ovaries removed. It is caused by the accidental or intentional retention of a small piece of ovarian tissue during surgery. The symptoms of ORS can include pelvic pain, menstrual irregularities, and pain during sex, infertility, and ovarian cysts. Treatment options include surgery, hormone therapy, pain management, and fertility treatment.