



Symposium on Natural and Applied Sciences

Hosted Online from London, United Kingdom

Date: 5th April, 2026

Website: <https://econferencia.com>

RETROSPECTIVE CLINICAL AND STATISTICAL ANALYSIS OF OVARIAN NEOPLASMS AND TREATMENT OUTCOMES

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Abstract

Ovarian neoplasms remain a significant issue in modern gynecology due to their high prevalence, variable clinical presentation, and challenges in early diagnosis. This retrospective study evaluates trends in incidence, clinical features, morphological structure, and treatment outcomes among patients with ovarian tumors.

Objective

To assess the clinical and statistical characteristics of ovarian neoplasms, including their prevalence, structure, clinical course, and treatment outcomes based on retrospective.

Materials and methods

A retrospective analysis of patients diagnosed with ovarian neoplasms was conducted. Data from 2023–2024 were analyzed, including incidence rates, clinical manifestations, age distribution, histological tumor types, tumor size, laterality (unilateral/bilateral), complications, and treatment methods (conservative and surgical). Statistical analysis methods were applied.



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Results

The overall prevalence of gynecological diseases remained relatively stable: in 2023, a slight increase of 0.99% was observed, while in 2024 there was a decrease of 1.27%, possibly due to improved preventive measures. Ovarian neoplasms showed more pronounced fluctuations, with a decrease of 19.58% in 2023 followed by a sharp increase of 97.41% in 2024, likely associated with improved diagnostic and screening practices. More than 62.9% of patients were asymptomatic, complicating early detection. The majority of cases occurred in women of reproductive age (60.8%) and perimenopausal period (34.3%), reflecting hormonal influences. Histologically, borderline serous and mucinous tumors predominated, accounting for 91.8% of all cases. Unilateral involvement was observed in 88.7% of patients, which was 7.85 times higher than bilateral involvement (11.3%). Tumor size varied: in 52.8% of patients, tumors exceeded 10 cm, while in 47.2% they were smaller than 10 cm. The most common complication was tumor rupture, occurring in 87.3% of cases. Treatment approaches were nearly equally distributed: 50.1% received conservative therapy and 49.9% underwent surgical treatment. Recurrence rates were higher with conservative treatment (26.4%) compared to surgical management (16.2%).

Conclusion

Ovarian neoplasms are often asymptomatic and most frequently occur in reproductive and perimenopausal women, with a predominance of borderline histological types. The observed fluctuations in incidence during 2023–2024 may reflect improvements in diagnostic capabilities. Lower recurrence rates following surgical treatment highlight the importance of individualized therapeutic strategies based on clinical and morphological characteristics.