

# Ovarian apoplexy

The purpose of this leaflet is to provide the patient with information on ovarian apoplexy.

Ovarian apoplexy is a condition in which bleeding from the ovary occurs either inside the ovary or into the abdominal cavity.

Apoplexy usually occurs in the middle of the menstrual cycle, during ovulation, or in the second half of the cycle.

The risk of bleeding is higher after intercourse or heavy physical exertion.

Before ovulation, the follicle containing the egg grows until it is ripe and releases the egg. When the egg is released, a bleeding spot may remain in the ovary. Usually, the bleeding is slight and does not cause any noticeable problems.

After ovulation, the follicle is replaced by a corpus luteum, a structure that produces the hormone progesterone, which is needed to maintain a potential pregnancy. If there is slight bleeding in the corpora lutea, a blood-filled or haemorrhagic cyst may develop. Such a cyst can cause abdominal pain, but in most cases oral painkillers and ambulatory monitoring are sufficient. Haemorrhagic cysts usually disappear within three months.

During ovulation, blood may leak from the corpus luteum or haemorrhagic cyst into the abdominal cavity. The amount of blood may be slight, but when it is very high, a potentially life-threatening condition occurs.

In the case of slight bleeding, over-the-counter painkillers and monitoring are usually enough, with the doctor providing instructions.

Sometimes, it is necessary to monitor the patient in hospital, where their symptoms, the intensity and changes in abdominal pain, and the amount of blood in their abdominal cavity are monitored, and blood tests are performed. If the pain treatment is effective and haemoglobin levels are normal, the condition will improve on its own. Over time, the blood is absorbed from the abdominal cavity, but during the recovery period, there may be occasional lower abdominal pain that radiates to other parts of the body.

In cases of heavy bleeding and feeling unwell, laparoscopic surgery may be required to stop the bleeding and remove blood from the abdominal cavity. In most cases, the bleeding site in the ovary can be coagulated and/or the cyst that caused the bleeding can be removed. In rare cases, it may be necessary to remove the ovary.

Depending on how much blood has been lost, iron replacement therapy may be required, either orally or intravenously, and sometimes a blood transfusion may be necessary.

In the future, ovulation can be inhibited to prevent the risk of recurrence of apoplexy. If there are no contraindications, hormonal contraceptives can be used for this purpose. However, an intrauterine device (hormonal or a copper spiral) does not help to prevent apoplexy.

ITK1287

Approved by the decision of the Medical and Nursing Care Quality Commission of *Aktsiaselts Ida-Tallinna Keskhaigla* on  
29.October 2025 (Protocol No. 2.2-8/7-25)