

AN UNCOMMON CASE OF A LARGE GARTNER'S CYST PRESENTING AS DYSPAREUNIA

Sumit H. Paranjpe¹, Amaraja Agashe², Haripandit E. Paranjpe³

¹Consultant, Department of Obstetrics & Gynaecology, Paranjpe Maternity Hospital, Mumbai.

²Senior Resident, Department of Obstetrics & Gynaecology, D. Y. Patil Hospital, Navi Mumbai.

³Consultant & Director, Paranjpe Maternity Hospital, Mumbai.

ABSTRACT

Gartner duct cysts are the remnants of the Wolffian duct and are uncommon in adulthood. Most of the mesonephric (Wolffian) ducts degenerate, some remnants may persist in the mesovarium where they form the epoophoron and paroophoron. The mesonephric cysts known as Gartner duct cysts are seen in 1%-2% of the women. Diagnosis is usually made with pelvic examination. Here, we present a case of 33 yr. old woman with the chief complaints of dyspareunia and a prolapsing vaginal mass. A diagnosis of Gartner's duct cyst was made after pelvic examination and ultrasonography. Surgical marsupialization was done with a histopathology report consistent with a Gartner's cyst.

KEYWORDS

Gartner's duct cyst. Dyspareunia, Prolapsing mass, Marsupialisation.

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INTRODUCTION

Vaginal cysts are not frequently reported in literature, but are probably more common in daily practice.^[1] Gartner's cysts are usually asymptomatic and most commonly diagnosed on routine gynecologic examination, but patient complaints can include that of skin tag, dysuria, boggyness, itching, dyspareunia, pelvic pain or protrusion from the vagina if it enlarges to a detectable size making surgery inevitable.^[2]

Gartner duct cysts are the remnants of the Wolffian duct. The mesonephric (Wolffian) ducts begin to develop at 20-30 days of gestation and contribute to the development of the male reproductive excretory system that includes vas deferens, epididymis and seminal vesicles while they degenerate and remain as a vestigial system in the females.^[3] Here we present a case of a large Gartner's cyst with the symptoms of dyspareunia and prolapsing vaginal mass, which was surgically excised.

CASE REPORT

Patient was a 33 yr. old female para 2 with previous 2 normal deliveries. Came to us with the chief complaints of dyspareunia and a prolapsing vaginal mass. Patient gave no history of difficulty in passing urine or stools.



Per Speculum Examination showing Large Cyst



Cavity of Cyst Opened with Separation of Cyst Wall in Progress



Marsupialisation of Remaining Cyst Done

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Corresponding Author:

Dr. Sumit H. Paranjpe,
44/101 "Amrut Vani" C.H.S. 15th Rd.,
Chembur-400071, Mumbai.

E-mail:sumit9146@yahoo.com

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DISCUSSION

Classically, Gartner's cysts are solitary, S shaped unilateral, about 2cm in diameter and are located in the antero-lateral vaginal wall of the proximal one-third of the vagina.^[4] But in this case, the cyst was quite large about 6x7cm in the right upper lateral vaginal wall. Only in exceptionally rare and few isolated cases, there has been a malignant transformation reported.^[5]

Other acquired cysts in the vagina include endometriotic cysts, mucinous vestibular cysts, Bartholin cysts and Skene duct cysts. Congenital cysts may be derived from urogenital sinus or from mesonephric (Gartner cyst) or paramesonephric (Mullerian cyst) remnants. Gartner duct cysts sometimes are also associated with a variety of developmental abnormalities of the urinary tract.^[6]

When the cysts enlarge, they may be mistaken for a cystocele or an urethral diverticulum. The largest Gartner duct cyst reported till now is measured 16cmx15cmx8cm.^[7]

Many Gartner duct cysts drain spontaneously or are aspirated. If surgical treatment is indicated, marsupialisation or simple transvaginal excision is usually adequate.^[8]

Thus, as we can see from this case a Gartner's cyst can grow quite larger to cause symptoms such as dyspareunia. As in this case a part of the cyst wall could not be removed and a simple marsupialization was done which gave good results and a symptom-free post-operative period.

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