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Case Report

Unusually large Gartner cyst in a 30-year-old female

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ABSTRACT

Gartner cysts are typically small and asymptomatic, often discovered incidentally. The present case report describes a rare instance of a large symptomatic Gartner cyst in a 30-year-old female, highlighting the clinical implications of such a rare presentation. A 30-year-old female presented with a significant vaginal swelling that developed postpartum and persisted for three years. The cyst, measuring 9 cm, caused considerable discomfort, affecting her daily activities and quality of life. Due to financial constraints, advanced imaging was not performed. Surgical intervention was undertaken, leading to the successful removal of the cyst and resolution of symptoms. Histopathological examination confirmed the cyst as a mesonephric remnant. This case highlights the importance of considering Gartner cysts in differential diagnoses for vaginal swellings, especially when they present with significant symptoms. Surgical excision proved to be an effective treatment, leading to symptom resolution and an improved quality of life for the patient.

Keywords: Gartner cyst, Vaginal swelling, Surgical excision, Large cyst, Differential diagnosis

INTRODUCTION

Gartner's duct cysts occur in approximately 20% to 25% of women, with nearly 1% developing these cysts. They form due to an obstruction of Gartner's duct, a remnant of the mesonephric duct, and are commonly located in the anterior vaginal wall.¹ Typically, these cysts are small, measuring about 2 cm in diameter and are often asymptomatic. They are frequently discovered incidentally during pelvic examinations.² Magnetic resonance imaging (MRI) provides superior diagnostic capability, but its expense often makes it less recommended.² Generally, pelvic examination and transvaginal ultrasound suffice for effective management.³

This case report, however, presents an unusual scenario involving a significantly large Gartner cyst, measuring 9 cm, which deviates from the typical presentation and highlights the potential for substantial clinical symptoms.

CASE REPORT

A 30-year-old female, gravida 1, para 1 (P1L1), presented with a history of a persistent swelling in the vaginal area for the past three years, which developed postpartum. The patient reported an 8 cm swelling that could be manually reduced upon applying pressure with a finger. The swelling caused significant discomfort, affecting her ability to sit, walk, and engage in sexual intercourse.

Initial ultrasonography (USG) revealed normal findings, and the patient declined magnetic resonance imaging (MRI) due to financial constraints. After thorough explanation of the risks and benefits, the decision was made to proceed with surgical excision.

Surgical findings and procedure

During surgery, a 9 cm cyst with a 1 cm extension inside the paravaginal area was identified. Complete exploration

and cyst wall removal were performed. The excised cyst was sent for histopathological examination.



Figure 1: Gartner cyst.

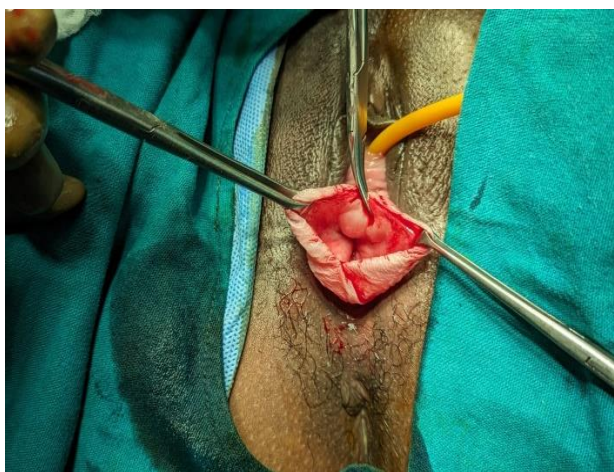


Figure 2: Initiation of dissection.



Figure 3: Complete exploration of the cyst.

Postoperative outcome

The patient had an uneventful recovery and was symptom-free three months post-surgery. Histopathology confirmed the cyst to be a mesonephric remnant.



Figure 4: Cyst excision complete with vaginal reconstruction performed.

DISCUSSION

The occurrence of a 9 cm along with 1 cm extension of cyst is rare and poses unique clinical challenges. Large cysts can lead to significant discomfort and impact the patient's quality of life, as seen in this case where the patient experienced difficulty sitting, walking, and engaging in sexual intercourse.⁴ The economic constraints faced by the patient further complicated the diagnostic process, limiting the use of advanced imaging techniques such as MRI.³

Surgical excision is the treatment of choice for symptomatic cysts.² In this case, despite the above - mentioned limitations, surgical intervention proved successful in alleviating the patient's symptoms. This reinforces the importance of considering surgical options even when diagnostic imaging is limited by economic factors. The patient's positive outcome post-surgery further supports the efficacy of surgical intervention for large symptomatic Gartner cyst. This case underscores the need for heightened awareness among clinicians regarding the potential for Gartner cysts to present atypically and cause significant clinical symptoms, necessitating timely and effective intervention.

CONCLUSION

This case underscores the importance of considering Gartner cysts in differential diagnoses for vaginal swellings and highlights the potential for significant symptoms with large cysts. Surgical intervention remains a definitive treatment, leading to symptom resolution and improved quality of life.

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