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Case Report

Posterior vaginal wall cyst of Mullerian origin: a case report

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ABSTRACT

Cystic lesions of vagina are relatively uncommon and an incidental finding during routine gynaecological examination. Mullerian cysts are congenital cysts of vagina, usually reported during childbearing age group. These cysts mostly arise at the level of cervix and extend anteriorly in relation to bladder, but very rarely they may also extend posteriorly. This is a rare case of posterior vaginal wall cyst of Mullerian origin. A 36-year-old multi para (P2L2 both SVD), presented with a mass descending through vagina since 2-3 months. Pelvic examination revealed a 5x5 cm cystic mass arising from the posterior vaginal wall. Complete excision of the cyst was done. The cyst was filled with chocolate coloured material and histopathology confirmed a Mullerian cyst.

Keywords: Mullerian cyst, Vaginal cyst

INTRODUCTION

Benign cystic lesions of vagina are relatively uncommon and mostly asymptomatic. These vaginal cysts can arise from remnants of Mullerian duct, gartner duct or from Skene's periurethral gland and most commonly from Bartholin gland. Epidermal inclusion cysts are also of different types based on their lining epithelium like Mullerian cyst (30%), Bartholin cyst (27.5%), epidermal inclusion cyst (25%) and Gartner duct cyst, endometriotic cyst & unclassified type all together constitute only 17.5%.[1] This is a rare case of Mullerian cyst involving the posterior vaginal wall.

CASE REPORT

A 36-year-old woman (P2L2, both SVD) attended the outpatient department of obstetrics and gynecology with a history of mass descending through vagina since 2-3 months. There were no abnormal bowel or bladder symptoms and also no history of increase in the size of the swelling on straining or lifting heavy weights. She didn't have any pain lower abdomen, abnormal discharge per vaginum and menstrual abnormality. Her general and systemic examinations were unremarkable. Local examination revealed a cystic mass of size 5×5 cm seen protruding from the vagina. Speculum examination showed the cystic swelling arising from lower half of the posterior vaginal wall. Vaginal rugosities over the swelling were absent. There was no cough impulse in the swelling. Cervix was healthy. On bimanual examination uterus was anteverted and normal in size. On per-rectal examination, the cyst wall was separate from the rectal wall excluding the possibility of rectocele (Figure 1). Her routine blood investigations were normal. Transvaginal ultrasound showed normal uterus and adenexa with a cystic lesion (5.3 x 5.5 x 4.9 cm) just behind the cervix. Patient was planned for cystectomy under anaesthesia. A small vertical incision was made on the cyst. Complete excision of cyst was accomplished by sharp dissection. Gross specimen was grayish white and on cut section it showed chocolate coloured material with smooth inner wall (Figure 2).

Histopathology confirmed the diagnosis of Mullerian cyst which was lined by columnar epithelial cells with squamous metaplasia, with focal of surface ulceration and underlying subepithelial tissue shows fibrinous stroma with diffuse lymphocytic infiltration. Her postoperative recovery period was uneventful.

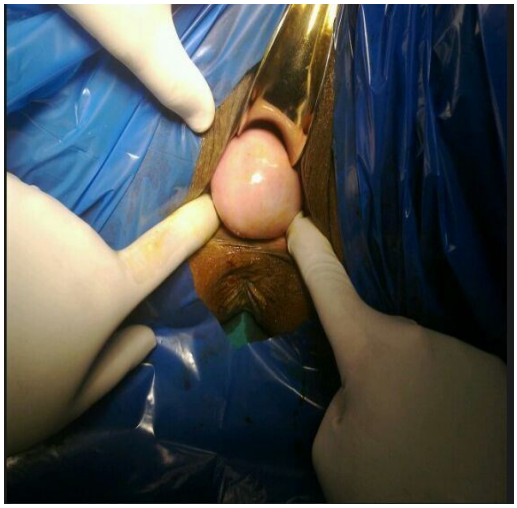

Figure 1: Pre-speculum examination showing posterior vaginal wall cyst.

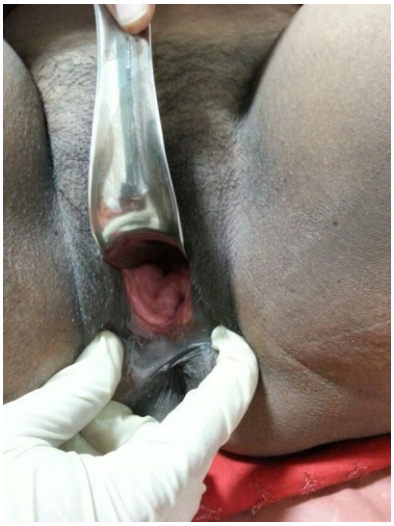

Figure 2: Post-operative picture after excision of the cyst.

DISCUSSION

Vaginal cysts are predominantly seen in women of childbearing age and also in children and postmenopausal women.[2] These are reported in approximately 1 in 200 females.[3] Among all, Mullerian cysts are the commonest one. Usually it involves anterolateral vaginal wall but in present case it is of posterior vaginal wall origin. Mullerian cysts are usually asymptomatic, but can present as mass per vagina, pain, dyspareunia and abnormal vaginal discharge.[4] Posterior vaginal cyst can also present as enterocele. Rashmi et al. reported a posterior vaginal cyst of Mullerian origin in a young woman who presented with enterocele. Our patient was presented with mass descending per vagina. They usually are single but occasionally may be multifocal.[6] Imaging modalities like USG and MRI are useful in exact localization and also to know the number and communication with the surrounding structures. As the patient was not affordable for MRI, we proceeded for surgery based on clinical diagnosis. Though malignant change is very rare, Kyung et al. has reported a case of adenocarcinoma arising in a vaginal Müllerian cyst in a 48 year old woman.[7] So the possibility of malignant transformation also should be considered and careful follow-up is warranted.

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REFERENCES

1. Kondi-Pafiti A, Grapsa D, Papakonstantinou K et al. Vaginal cysts: a common pathological entity revisited. Clin Exp Obstet Gynaecol. 2008:35:41-4.
2. Junaid TA, Thomas SM. Cysts of vulva and vagina: a comparative study. Int J Gynaecol Obstet. 1981;19:239-43.
3. Hoffman, Schaffer, Schorge. Congenital vaginal cysts. In: Hoffman, Schaffer, Schorge, eds. Williams Gynaecology. 2nd ed. New York: McGraw-Hill Medical; 2009: 495.
4. Sheela Jayaprakash, Lakshmidevi M et al. A rare case of posterior vaginal wall cyst. BMJ Case Reports. 2011;2011:3804.
5. Rashmi, Suneja A, Agarwal N et al. Vaginal Mullerian cyst presenting as enterocele. J Obstet Gynaecol. 2009;59:74-6.
6. Jong Ha Hwang, Min Jeong Oh, Nak Woo Lee et al. multiple Mullerian cyst: a case report and review of literature. Arch Gynaecol Obstet. 2009;280:137-9.
7. Kyung Soo Lee, Ki Hyun Park, Sun Lee et al. Adenocarcinoma arising in a vaginal Müllerian cyst: a case report. Gynaecol Oncol. 2005;99:767-9.

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