



A RARE CASE OF POSTERIOR VAGINAL WALL CYST PRADEEPA T

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Abstract : A 36yrs old multipara presented to our gynaec OPD with mass descending per vaginum for 12yrs. swelling was gradually increasing in size. surgical excision of cyst was done. Histopathological report confirmed as mullerian cyst of vagina. Cystic lesions of vagina are relatively uncommon. Mullerian cyst usually arise at the level of cervix and extend anteriorly in relation to bladder, but rarely they extend posteriorly. This case illustrates a rare case of posterior vaginal wall cyst of mullerian origin.

Keyword : mullerian cyst, posterior vaginal wall



posterior vaginal wall cyst

CASE REPORT:

A 36 yrs old Mrs. X multigravida came to our gynaec OPD with complaints of mass descending per vaginum for 12 yrs. She noticed the swelling few days after her last child birth. Mass was initially small in size, progressively increases to present size of 7 * 6 cm. No H/O bladder and bowel disturbances. No H/O increase in size on straining or lifting heavy objects. Her obstetric code was P3L3. All were full term normal vaginal delivery. Her last child birth was before 12yrs. she was married for 15yrs. Her general and systemic examination were normal.

PER SPECULUM EXAMINATION:

A cystic mass lesion of size 7*6 cm seen protruding from the midportion of posterior vaginal wall. vaginal rugosities was absent. Cough impulse was absent. swelling was seen below the posterior lip of cervix. Both lips of cervix was healthy.

PER VAGINAL EXAMINATION:

Cervix was pointing upwards, uterus was retroverted, fornices was free.

PER RECTAL EXAMINATION:

Anterior rectal mucosa was intact and continuous. cyst was felt through rectal mucosa. Ultrasonogram abdomen and pelvis shows normal sized uterus and ovaries. Under spinal anaesthesia, patient underwent surgical excision. A small vertical incision was made on the posterior vaginal mucosa. Cyst was completely excised in toto without rupturing its wall. Integrity of rectal mucosa was verified. Post operative period was uneventful and discharged on 5 th POD.



Gross specimen of the cyst appears smooth pinkish white. Microscopic examination shows cyst lined by columnar epithelium and focally by squamous epithelium confirmed as mullerian cyst.

DISCUSSION:

Cysts of vagina are relatively uncommon and often are incidental finding. Incidence is 0.5-1% Classified according to histology of their lining epithelium:

1. mullerian cyst-30%
2. Bartholin duct cyst-27.5%
3. epidermal inclusion cyst-25%
4. others-17.5%

Mullerian cysts are mucus cysts of vagina lined by any of the epithelial duct that derive from mullerian duct (most common-endocervical) Remnants of embryological paramesonephric duct. Reported during child bearing group. 1-7 cm in diameter. Arise at the level of cervix extends anteriorly in relation to bladder, but very rarely they may also extend posteriorly. Most cysts are asymptomatic. This case is presented for its rarity. Adenocarcinoma arising from a vaginal mullerian cyst is extremely rare, but documented in the literature. Mullerian cyst can present rarely in the posterior vaginal wall. Surgical

excision of the cyst should be done carefully to avoid injury to rectum. Mullerian cysts are usually single but can be multifocal.

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