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DIAGNOSIS OF GARTNER CYST AND DYSPAREUNIA

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Abstract:

Introduction: A Gartner duct is a potential embryological remnant in human female development of the Mesonephric (Wolffian) duct, within the development of the urinary and reproductive organs [1]. The cyst is usually located along the anterior lateral vaginal wall of the proximal (superior) portion of the vagina. It is most identified in a gynecological physical exam and the presence of symptoms can be further investigated, raising awareness of a precise diagnosis with conservative assessments. We aimed to report a rare case of a patient with mild symptoms and our conservative approach on the evaluation of vaginal cysts in young adult sexually active women.

Objective: To report an uncommon pathological occurrence in a patient with a Gartner duct cyst with associated symptoms of dyspareunia and recurrent urinary infection. Upon completion of a gynecological physical exam and a Magnetic Resonance Imaging (MRI), these findings and tools became useful in the evaluation of characteristics of the lesion and in ruling out communications with the lower urinary tract.

Methods: A descriptive study and conservative approach based on the symptoms in a 38 year-old nulliparous female with a history of dyspareunia, recurrent UTI's during the last four years, and no prior urologic or gynecologic surgical history. Gynecological Speculum Exam findings were, an evident nodulation in the lateral right of the vagina measuring approximately 2.5cm (Figure 1). Findings incorporated the palpation of a tumor of soft consistency in anterolateral right vaginal wall of the vagina located at the 9 hours, presenting pain and tenderness during evaluation. No uterine or ovarian abnormalities were detected as other genitourinary and abdominal systems were absent. Further investigation with an MRI was considered to exclude a malignancy and in turn, identified a cyst formation near the right anterior right lateral wall of the vagina that measured 2 cm x1,7x1,9 cm displaying thin walls with a slight enhancement medium without evidence of solid component contrast (Figure 2).

Results: Wolff duct remnants are known to be the leading risk factor in the development of Gartner Cyst (GC) [2]. Patients can present with complaints of a visible or palpable cyst, pain, dyspareunia, dysuria, distorted urinary outflow, or vaginal discharge. Given the patient's complaints, manifestations, age, and gynecological exam findings, it was determined to be a GC. Due to the rarity of this condition, clinical differentiation is required for further investigative measures. It is vital to make a good differential diagnosis of other possible abnormalities, such as Müllerian cysts, adenosis, inclusion cysts, angiomyxoma, endometriosis, leiomyoma [1]. To further confirm a GC and rule out possible differential diagnosis, we utilized the least invasive and higher sensitivity diagnostic measures. Upon obtaining supporting data from an MRI and gynecological exam, a diagnosis of Gartner's duct cyst was established.

Conclusions: A Gartner Cyst, less than 3cm is classically asymptomatic and most commonly seen in women by the third decade of life [2]. Due to its low frequency and means of detection, this case is of great importance in raising awareness of vaginal cystic lesions and its associating symptoms. A simple routine physical and speculum exam can identify a Gartner Cyst. To further investigate supporting findings, an MRI is ideal in the accuracy for detecting a symptomatic Gartner Cyst [3]. Definite diagnosis, treatments, and follow up visits are based on the size of the cyst, location, symptoms, and supporting diagnostic findings. Given its uncommon and asymptomatic characteristics, a Gartner duct cyst can be initially detected with a simple and routine gynecological exam.

References: 1. 2011

2. 2012

3. 1997



Category (Complete): Sexual Function ; Imaging ; Anatomy

Keyword (Complete): Sexual fonction ; Gynecological Exam ; Magnetic Resonance Imaging (MRI)

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