CONGENITAL CYST OF THE CERVIX UTERI

BY

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Congenital cyst of the cervix uteri is an uncommon gynaecological lesion. When one is confronted with a cystic structure involving the cervix it is usually presumed to be an acquired lesion, the comonest being cervical retention cyst. This may be found deep in the musculature of the cervix and is lined by the characteristic tall, non-ciliated columnar epithelium of the endo-cervical canal. However, one may occasionally come across an intramural cervical cyst with a true epithelial lining. These are considered to be of congenital origin.

The two accepted views on the congenital origin of uterine cysts are that they arise either from Wolffian or Mullerian duct remnants. The origin from the mesonephros has been considered. Veldman described a case of mesonephric cyst of the cervix, but Meyer and others do not believe that remnants of the mesonephros are found in the uterus.

Cysts developing in the Wolffian duct rests are commoner than the Mullerian duct cysts. They may develop anywhere along the course of the atrophied Wolffian duct, but are most commonly seen in the lateral wall of the vagina or on the lateral portion of the cervix. Since the duct courses along the lateral uterine wall, cysts surrounded by myometrium and containing an epithelial lining may be found in this situation.

Congenital cysts of Mullerian duct origin are rare. Only twenty-eight cases have been reported in the literature. Meyer in 1930 and Buerger and Petzing in 1954 have reviewed the published cases, the latter having added one of his own. Most of the cysts were present in the midline, involving the posterior or anterior wall of the fundus uteri or the cervix. Majority of the cysts occur in the posterior wall of the fundus, while the cervix is the most infrequent site to be involved. In one of Meyer's cases the cyst was on the cervix posteriorly. Another case of Treite reviewed by Buerger and Petzing showed the cyst presenting at the cervical os. The cysts could be subserous, submucous, intramural or pedunculated subserous or submucous. The lining epithelium may be ciliated columnar resembling the endosalpinx, tall columnar, cuboidal or endometrium-like.

Considering the rarity of Mullerian duct cysts and still more so of their location in the cervix, the following report of a single case is warranted.

Case Report

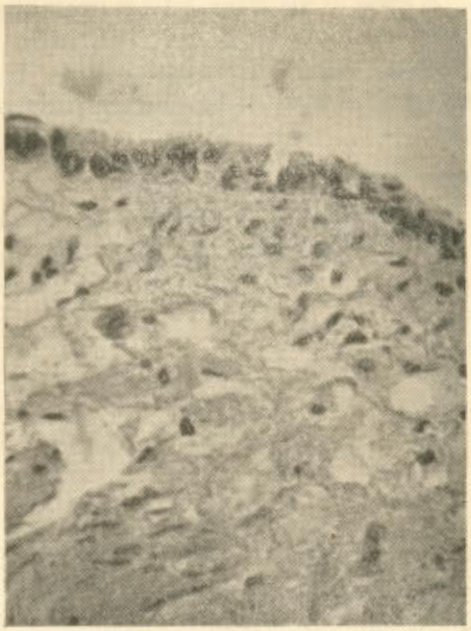
S. D., a 26 year old Hindu female, gravida-3, para-2, was admitted on March 1, 1954 with the chief complaints of profuse periods and dysmenorrhoea of three years' duration.

Past history revealed that her catamenia was at 14 years of age, and she had a normal menstrual cycle of 3/30 days. She gave birth to two full-term normal children and three years back she delivered a still-born foetus. Since then she started having profuse periods (7-8/28 days) with excessive intramenstrual dysmenorrhoea.

Physical examination showed a well developed, fairly well nourished young woman. Systemic examination revealed no abnormal findings. On vaginal examination, the cervix was found to be healthy and pointing backwards; uterus was anteverted and normal-sized; the fornices were clear. An attempt to pass the curette to obtain endometrial curettings for histological examination resulted in rupturing a small cyst about 1 cm. in diameter with the escape of clear serous fluid. The cyst was seen to arise from the posterior wall of the cervical canal. It was removed and the cyst wall together with the endometrial curettings were submitted for histological examination.

Microscopic examination of the cyst wall showed a varied pattern of the lining epithelium. In some areas it was tall columnar, while in others cuboidal cells were seen. The subepithelial tissue was composed of fibrillar connective tissue (Fig. 1).

Fig. 1



Micrograph of the cyst wall showing the columnar epithelium lining. (H.E. x 430).

The endometrium was in the proliferative phase and showed no abnormality.

Comments

The midline position of the epithelium lined cyst in the cervical canal is in favour of its being a congenital cyst of Mullerian duct origin. It differs from those of Wolffian duct cysts as they lie in the lateral wall of the cervix, along the route of the atrophied Wolffian duct.

This case brings the total number of such cases reported in the literature to twenty-nine. The generally accepted theory of their origin is that these cysts are derived from the invagination of the lining of the Mullerian ducts as they grow and fuse in the midline to form the uterus.

Summary

A case of an intra-mural epithelium lined cyst of the cervix has been reported. This is considered to be a congenital cyst of Mullerian duct origin.

References

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