

GARTNER DUCT CYST OF CERVIX

(A Case Report)

by

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Mesonephric duct in human female undergoes atrophy but the caudal portion (Gartner duct) may persist as a vestigial structure at any point from epoophoron to hymen in the broad ligament or in the wall of uterus or vagina. Remnants are found in the lateral walls of the cervix but there is great variation in the frequency which have been reported by various authors. Huffman (1951) found 5 cases in 1192 cervixes but believing that this infrequency is probably due to inadequate study of routine surgical specimens. Fluhman (1961) was of the same opinion.

CASE REPORT

Mrs. R., age 40, 5th para was admitted on 1-10-1977 at Associated Group of Hospitals, Bikaner with complaint of itching at vulva off and on for 2 months. There was no history of bowel or urinary trouble. Itching was of same intensity during day and night.

She attained menarche at the age of 14 years. Her menstrual cycles were normal. L.M.P. was 6 days back. She had 5 full term normal deliveries. Last delivery was 18 years back.

On Examination

Patient was well built, not anaemic, no jaundice, pulse 80/mt. Temp. 98.4°F. B.P. 140/90 mm. Hg. Heart was normal. Lungs were clear.

Investigations

Her Hb was 12.6 gm%, Urine, no albumin or

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Her Hb was 12.6 gm%, Urine examination revealed no albumin or sugar and nothing abnormal was detected on microscopic examination. Hanging drop preparation of vaginal discharge was negative for trichomonas. No ova and cyst were detected in stool. Fasting blood sugar was 80 mg% and post-prandial blood sugar was 110 mg%.

Speculum Examination

There was little excoriation of vulva. Vagina was healthy. Discharges were normal but there was rounded cystic swelling seen on the anterior lip of cervix extending to the left side (Fig. 1). Cyst was sessile, blue in colour, 1" x 3/4" in diameter, rest of the cervix was normal.

Vaginal Examination: A rounded swelling was felt over anterior lip of cervix on left side. It was cystic in consistency, not tender. It was sessile. There was no bleeding on touch. Uterus was anteverted, anteflexed normal in side. Fornices were free.

Diagnosis of cervical cyst was made. Sde was given Tab. Avil 25 mg. 1 x 3 for 7 days. G.V. paint was applied over vulva before she was taken for cystectomy under anaesthesia.

Operation Notes

Cervical cystectomy was done under I.V. pentothol on 7-10-1977. Cyst was enucleated from the substance of cervix intact and saved for histopathological examination. Dilatation of the cervix was done upto No. 16 Mathew Duncan dilators. Cauterisation of the raw area over cervix was done. A packing soaked with acriflavin solution 1% was put in the cervix and vagina. Packing was removed after 12 hours. Postoperative period was uneventful. Inj. Strepto-penicillin 1 gm. was given for 7 days.

Histopathological report showed Gartner duct cyst (Fig. 2).

Patient was examined after 1½ months of operation. Cervix was normal on speculum examination.

Comments

Mesonephric remnants in the cervix are found either in the middle portion of the uterine wall or near the mucosa in the region of internal os. Their importance is in that they may lead to cyst formation, adenoma or adenocarcinoma (Huffman, 1948; Wolff, 1950).

Although they may have little clinical importance they may form a nodular growth which must be differentiated from other cervical neoplasm and cysts. The classification of the structure is not entirely clear, and it is difficult to determine when they are new growths or merely an exaggeration of normal nests (Fluhmann, 1961).

Gartner cyst results from isolated mesonephric ampullar tubules and corresponds to more common Gartner cyst of vagina. Cysts are small they rarely measure more than 2.5 mm in diameter, but may be the size of a fist. In the present case, cyst was 1" x ¾" in diameter and also situated in the lateral side of cervix,

the usual site of Gartner duct remnant. Cyst may be confused with the deeply placed Nebothian follicles but their locations are near to the outer surface of cervix and histologically gartner cysts are lined by low columner epithelium which fail to take mucocarmine stain or react positive to PAS (Hurman, 1948).

These cyst may be symptomless (Jeffcoate, 1968) and were detected on examination. In present case pruritis vulva was main complaint of the patient and cyst was diagnosed incidentally. The pruritis was probably because of excessive discharge as patient was free of complaint after operation.

References

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See Figs. on Art Paper VIII