

## A Rare Case of Multiple Cysts – Arising from Remnants of Wolffian Duct

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Mrs. M.K. 40 year old, para 3 presented with swelling over vulval region for the last 5 years with increase in size over the last 6 months and pain for last 7 days. She was admitted in SGTB Hospital, Medical College, Amritsar on 8-2-99.

On general examination no abnormality was detected. Vulval examination showed two separate swellings over right labia minora, one above the other, just lateral to the urethral opening, each was of about 5 cm x 3 cm in size, surface was smooth. On palpation, swellings were soft, cystic upper one slightly tender (Photograph – 1). Per speculum examination showed 2 small pea sized swellings in right lateral vaginal wall at the junction of upper 1-3<sup>rd</sup> and middle 1-3<sup>rd</sup> (Photograph – 2), cervix found to be healthy. Per vaginal examination showed multiparous uterus, mobile with a cystic mass in right fornix about 5 cms in diameter, non-tender and fixed. Left fornix clear. Ultrasound examination of pelvis showed similar findings with cystic mass on right side 5.2 cm x 4.6 cm in size. Left adnexa normal.



Photo 1 Shows two Vulval Swellings one above the other.



Photo-2 P/S – Two vulval & two small swelling in Rt. Lateral Wall of Vagina.

A provisional diagnosis of cystic dilatation of remnants of wolffian duct was made. After doing routine investigations, laparotomy was done. A thin walled cystic mass was seen between right tube and ovary in the layers of broad ligament. Ovary was seen separate from cyst. Tube was stretched over the cyst.

Enucleation of the cyst was done by incising the peritoneum of broad ligament. Left side was normal. Hemostasis was ensured. Abdomen closed in layers.

Two vulval swellings were enucleated. Labia minora reconstructed. 2 small vaginal swellings were similarly removed and sent for HPE examination. HPE report showed all swellings contained clear fluid except the one which was tender contained pus. Lining epithelium was single layer of cuboidal epithelium with thin layer of connective tissue beneath epithelium.

Patient was discharged on 9<sup>th</sup> post-operative day and on follow up every thing was normal.