

P2

SUCCESSFUL INTRAPARTUM MANAGEMENT OF A LARGE PARA-URETHRAL SKENE DUCT CYST ON THE ANTERIOR VAGINAL WALL

H. Makam, Lincoln County Hospital NHS Trust, UK

Background

Cystic lesions of the vagina may present as a prolapsing mass per vaginum. There are only a few reported cases about the management of vaginal cysts during pregnancy and labour[1].

Case report

A 28-year-old primigravida, at 30 weeks of gestation, presented with a 7 x 7 cm mass per vaginum to the antenatal assessment unit. The mass was arising from the para-urethral region of the anterior vaginal wall. It was first noticed 5 years ago as an asymptomatic 2cm sized lesion that had increased in size during pregnancy. Prior to her conception, the mass didn't obstruct the menstrual flow and caused no dyspareunia. She had normal bladder and bowel function. She had no significant past medical history. On examination, the mass was mobile, well demarcated, tense, cystic, non-tender with no cough impulse and blood vessels running over its smooth surface. Pelvic MRI confirmed that the mass was confined to the vaginal wall and excluded urethral diverticulum [2].

She developed gestational diabetes and the growth scan at 36 week showed the foetal lie to be transverse. An elective LSCS followed by excision of cyst and repair of the vaginal wall was performed under spinal anaesthetic. The patient recovered well and remained asymptomatic on follow-up. The histopathology of the cyst is awaited.

Discussion

The estimated prevalence of vaginal cysts is approximately 1 in 200 [3,4]. Vaginal wall cysts are classified as epithelial inclusion cysts, embryonic cysts and urothelial cysts.

Paraurethral cysts are classified into four groups: epithelial inclusion, Mullarian, Gartner duct, and Skene's duct. Skene's duct cyst is uncommon and may increase in size during pregnancy[5].

Uneventful vaginal delivery can be anticipated even in the presence of a large anterior vaginal wall cyst by aspiration of the cyst. However, LSCS may be necessary due to maternal and foetal reasons.

References

1. Junaid TA, Thomas SM. Cysts of the vulva and vagina: a comparative study. *Int J Gynaecol Obstet* 1981;19:239–43
2. Skene's gland cyst excision. Foster J, Lemack G, Zimmern P. *Int Urogynecol J*. 2016 May;27(5):817-20. doi: 10.1007/s00192-015-2872-9. Epub 2015 Dec 15. PMID: 26670578.
3. Hoffman, Schaffer, Schorge. Congenital vaginal cysts. In: Hwang, editor. *Williams Gynecology*. 2nd edition. New York: McGraw Hill Medical;2009. p495.
4. Pradhan J, Tobon H. Vaginal cysts: a clinicopathological study of 41 cases. *Int J Gynaecol Pathol* 1986;5:35–46.
5. Junaid TA, Thomas SM. Cysts of the vulva and vagina: a comparative study. *Int J Gynaecol Obstet* 1981;19:239–43.