Cukurova Medical Journal

Olgu Sunumu / Case Report

Nabothian Cyst Mimicking Endocervical Polyp which Prolapsed to the Vagen

Vajene Prolabe Olmuş Endoservikal Polipi Taklit Eden Naboth Kisti

Mustafa Ulubay[1], Mustafa Öztürk[2], Ulaş Fidan[1], Aytekin Aydın[2], Fahri Burçin Fıratlıgil[1*], İbrahim Alanbay[1], Murat Dede[1], Müfit Cemal Yenen[1].

[1]Gülhane Military Medical Academy, Obstetrics and Gynecology, Etlik, ANKARA,
[2]Etimesgut Military Hospital, Obstetrics and Gynecology, Etimesgut, ANKARA

Cukurova Medical Journal 2015;40 (Ek Sayı 1):1-4.

ABSTRACT

Nabothian cysts are benign pathologies which are abundantly encountered in general gynecology while they have a rare place clinically. In general, Nabothian cysts cases do not need any treatment. However, if the patient complains about chronic pelvic pain or if the cyst is large enough to cause secondary symptoms, cysts can need operation. In this case, Nabothian cysts prolapsed to the vagen, which has not been encountered in the literature before, was mentioned.
Key words: Nabothian cysts, endocervical polyp, vaginal fullness.

ÖZET

Naboth kistleri genel jinekolojide çok sık karşımıza çıkan benign patolojilerden olup, nadiren klinik önem arz ederler. Genel olarak Naboth kistleri herhangi bir tedavi gerektirmezler. Eğer hasta kronik pelvik ağrı tarifliyorsa veya sekonder semptomlara neden olabilecek kadar büyük Naboth kistleri cerrahi gerekebilmektedir. Bu olguda, literatürde daha önce rastlanmamış vajene prolabe Naboth kistleri olgusu aktarılmıştır.
Anahtar kelimeler; Naboth kistleri, endoservikal polip, vajinal dolgunluk.

INTRODUCTION

Nabothian cysts (NC) are benign pathologies which are abundantly encountered in general gynecology while they have a rare place clinically[1]. They were first identified in 1707 by German anatomist Martin Naboth as a cervical retansion cyst[2,3]. Normally, endocervical channel is fitted by Naboth endocervical glands that are secreting mucus. The ducts of these glands may be blocked because of squamous epithelial proliferation after metaplasia. However, these glands continue to secrete mucus and this condition is considered as one of the key factors for NC development[1,3]. The main reason that causes these differences for NC development is vaginal delivery. In addition, after inflammatory processes such as chronic endocervicitis or minor traumas such as dilatation-curretage, NC development can be observed[4]. In imaging, NC are evaluated as unilocular cysts that are one or more well- circumscribed, abutting endocervical channel and generally a few mm in diameter but sometimes can reach to 4 cm or more[5,6]. Adenoma malignum or other malign glandular cervical lesions can mimick NC, but they show deeper locations in endocervix[7,8]. In general,

NC cases do not need any treatment. However, if the patient complains about chronic pelvic pain or if the cyst is large enough to cause secondary symptoms, NC can need surgical operation[1,9]. In this case, NC had been prolapsed to the vagen, that has not been encountered in the literature before, was explained.

CASE

A patient with the age of 37, having the story of Gravida 5, Para 2 (spontaneous vaginal delivery), D&C 3, applied to our clinics with the feeling of fullness in vagen.

In gynecological examination of the patient, external genitals were evaluated as normal. In speculum inspection, vagen prolapsed cyst was observed which was considered that it was originated by endocervix, in the color of yellow-white, nearly 3 cm in diameter that can be compatible with endocervical polyp. In the transvaginal ultrasonographic evaluation which was performed by General Electic Logiq S6® (1.5-4.5 MHz prob, Waukesha, WI U.S.A.) uterus was evaluated in 6x9.5x4.5 cm dimensions, myometrium was homogen and no focal lesion was seen within it; the endometrial three layer pattern measured at 3 millimeters and the bilateral adnexal areas were assessed as normal.

Operative hysterescopy was planned to the patient regarding of endocervical polyp excision. When vagen and cervix were examined by hysteroscope, a cystic lesion that was nearly 3 cm in diameter and considered to be originated from endocervix, was observed (figure 1). The operation was finished after the excision of the cyst by the help of hysteroscopic scissors.

The cyst was reported as NC after the macroscopic and histopathological observations (figure 2). In the one-year- follow up of the patient, there was no complaint observed.

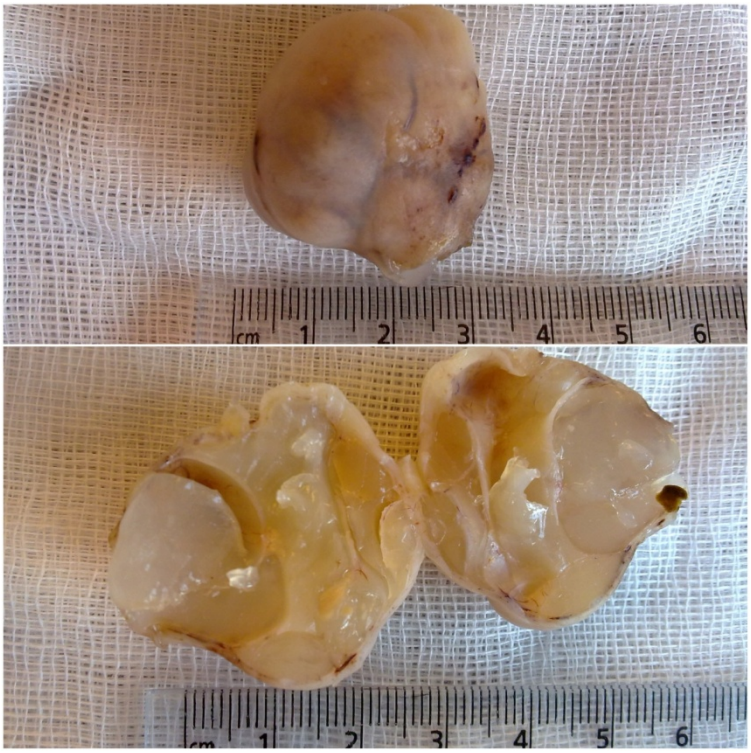

Figure 1. The hysteroscopic view of the cystic lesion.

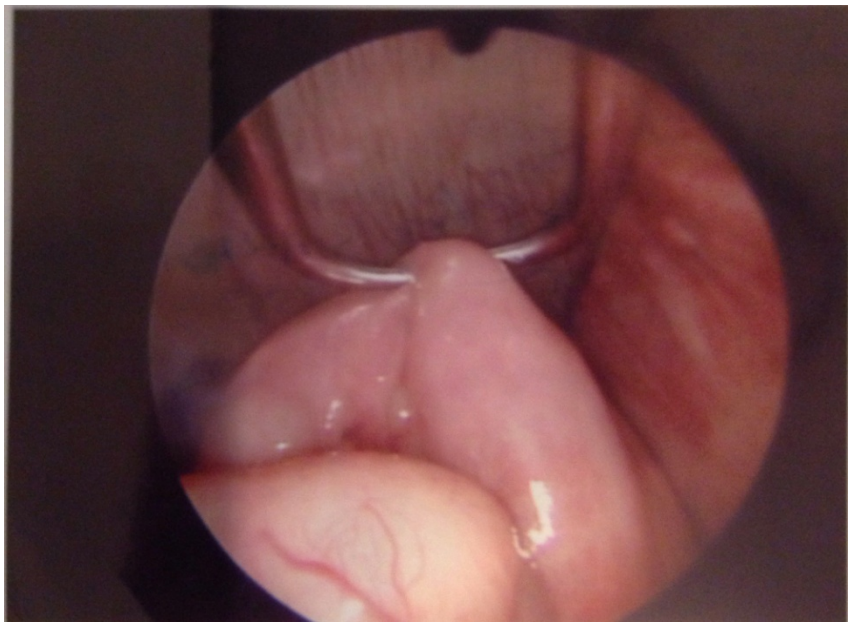

Figure 2. The macroscopic examination of the cystic lesion

DISCUSSION

Cervical squamo - columnar junction is not a static intersection that defines the point in which squamous and columnar epithelial are connected. Because of not being statical tissue, squamous epithelial undergoes proliferation and in that way, it may block the columnar epithelial and endocervical gland ducts within it. However, the mucus secretion continues in columnar cells and thus NC development can be seen[10].

NC's are non-neoplastic pathologies which are abundantly encountered in general gynecologic examination while they have a rare clinical significance[1]. However, in some cases, they can cause pelvic pain and fullness feeling in the vagen as well as mimicking pelvic organ prolapsus and rarely causing prolapsus by being larger enough[3,9,11]. Additionally, adenoma malignum or other malign glandular cervical lesions can mimick NC, but they are located deeper in the cervix[7]. Although the solid components that are covering or separating multiple cyts in these malignant lesions, are considered as the hint to distingiush NC cases, but it is still difficult to have net diagnosis[8].

To our knowledge, there are no cases about NC mimicking endocervical polyp which had been prolapsed to the vagen or NC prolapsed to the vagen in English medical research literature. We are in the idea that, this case can be placed in the literature since this case is explaining NC had been prolapsed to the vagen, that is mimicking endocervical polyp which has not been explained in the literature before.

We would like to mention about some strategies for avoiding misdiagnosis with endocervical polyps. NC may be translucent or opaque, whitish to yellow colour in visual inspection with speculum, usually range from a few millimeters to 3 to 4 centimeters in diameter, and usually with no clinical symptoms[11]. However in some patients, NC can reach to large dimensions which then cause pelvic pain or the fullness feeling in the vagen by causing cervical expansion[1]. Cervical or endocervical polyps are usually found incidentally as NC at general pelvic examination, but sometimes they may present with postcoital, intermenstrual, or postmenopausal bleeding[11]. These abnormal vaginal bleeding symptoms are not commonly seen in NC cases[3]. NC is generally

asymptomatic and thus there is no need to any treatment[12]. However, seldomly, electrocautery ablation and cyst excision can be required in the patients who have complaints about pelvic pain or vaginal fullness[11].

As a conclusion, NC are the asymptomatic and non- neoplastic lesions that locate in submucosal layer of endocervix, which can rarely cause pelvic pain or vaginal fullness feeling. Also, as in our case, they can be concluded as symptomatic by prolapsing to the vagen which was evaluated as endocervical polyp that has not been presented in the literature before. That is why, the clinical and inspection findings of both benign gynecological cases, should be evaluated more carefully.

REFERENCES

1. Yıldız Ç, Özsoy ZA, Bahçe S, Sümer D, Çetin A. Multiple and large nabothian cysts: a case report. Cumhuriyet Med J. 2009;31:456-45.
2. Naboth M. De Sterilitate Mulierum. Leipzig: A. Zeidler, 1707 [cited in: Morton LT. A medical bibliography, Garrison and Morton, 3rd edition. London: A. Deutsch. 1970.
3. Williams JK, Hill DA, Bouis PJ. Nabothian Cysts Mimicking Genital Prolapse. J Gynecol Surg. 1993;9:121.
4. Toy H, Yazıcı F. Female Genital Tract Cysts. Eur J Gen Med. 2012;9:21-6.
5. Novak ER , Woodruff JD. Novak's gynecologic and obstetric pathology with clinical and endocrine relations, 8th edition. Philadelphia, PA: Saunders, 1979.
6. Okamoto Y, Tanaka YO , Nishida M , et al. MR imaging of the uterine cervix: imaging-pathologic correlation. Radiographics. 2003;23:425–45.
7. Yamashita Y, Takahashi M. Adenoma malignum: MR appearances mimicking nabothian cyst. AJR. 1994;162:649–50.
8. Bin Park S, Lee JH, Lee YH, Song MJ, Choi HJ. Multilocular cystic lesions in the uterine cervix: broad spectrum of imaging features and pathologic correlation. AJR Am J Roentgenol. 2010;195:517-23.
9. Nigam A, Choudhary D, Raghunandan C. Large nabothian cyst: a rare cause of nulliparous prolapse. Case Rep Obstet Gynecol. 2012;2012:192526.
10. Sosnovski V, Barenboim R, Cohen HI, Bornstein J. Complex Nabothian cysts: a diagnostic dilemma.Arch Gynecol Obstet. 2009;279:759-61.
11. Casey PM, Long ME, Marnach ML. Abnormal Cervical Appearance: What to Do, When to Worry? Mayo Clin Proc. 2011;86:147–51.
12. Katz VL, Lobo RA, Lentz G, Gershenson D. Comprehensive Gynecology.5th Ed. Philadelphia, PA: Mosby/Elsevier, 2007.

Yazışma Adresi / Address for Correspondence:
Dr. Fahri Burçin Fıratlıgil
Gulhane Military Medical Academy
Obstetrics and Gynecology Clinic
ANKARA
E-mail: md.fahri@gmail.com

Geliş tarihi/Received on : 04.02.2015
Kabul tarihi/Accepted on: 04.03.2015