

## Case Report

# LONG NABOTHIAN CYST: RARE CASE

\*A J Singhal, V Gupta and B K Sawhney

Department of Obstetrics and Gynaecology, Dr. Baba Saheb Ambedkar Hospital, Rohini, Delhi

\*Author for Correspondence

## ABSTRACT

Nabothian cysts are common gynecological diseases in women of reproductive age. Although, Nabothian cysts are generally small and asymptomatic, long Nabothian cysts are extremely rare and may be misdiagnosed as other uterine tumors, cervical polyps or even malignancy. Here, we report a case of a 37 years old female with long nabothian cyst of 5x3 cm, which was suspected to be cervical polyp, the cyst was correctly diagnosed by pelvic examination and the patient was then successfully treated by local excision of the cyst.

**Keywords:** Nabothian Cyst

## INTRODUCTION

Nabothian cysts are common gynecological conditions in reproductive women. They are generally multiple, translucent or opaque, and whitish to yellow. Nabothian cysts usually occur at the transformation zone of the uterine cervix, and are a few millimeters to 3–4 cm in diameter (Sosnovski *et al.*, 2009). Although, Nabothian cysts are usually small and asymptomatic, giant Nabothian cysts are relatively rare and may be managed as other uterine benign or malignant tumors (Kier, 1992; Temur *et al.*, 2011; Nigam *et al.*, 2012). We are reporting a patient with a giant cervical Nabothian cyst, who presented with a mass coming out of vagina and initially thought to be having cervical polyp.

## CASES

A 37 year old woman presented with some mass coming out per vaginum since 2 years. Her menstrual pattern was normal. She gave history of undergoing four normal deliveries, last done 10 years back. Her previous records showed a differential diagnosis of chronic cervicitis. On per speculum examination there was a tongue shaped mass arising from the posterior lip of cervix and was around 5 x 3 cm. On per vaginal examination, the mass was medium in consistency and arose from the posterior lip of cervix. Uterus was parous size, firm mobile and non-tender and the fornices were free. Differential diagnosis of cervical polyp and nabothian cysts were kept in mind. Patient was planned for polypectomy. A large 5x3cm cyst filled with white mucinous substance was removed from the cervix. Histopathology examination showed cyst wall lined with cuboidal epithelium suggestive of Nabothian cyst.

## DISCUSSION

Nabothian cysts are the retention cysts in the cervix. Nabothian cysts are common, non neoplastic gynecologic disorder and rarely of any clinical significance. They are common and some reports suggest that they may be seen in up to 12% of routine pelvic MRI scans (Temur *et al.*, 2011).

Nabothian cysts appear as firm bumps on the surface of cervix which may be single or in groups. Nabothian cysts are usually associated with chronic cervicitis, an inflammatory condition of cervix, and are harmless and usually disappear on their own. They are not problematic unless they are sizeable and present secondary symptoms like in this case. In fact, most cases are detected accidentally, during pelvic examinations & ultrasound. However, larger cysts can block the cervical opening and cause irregular bleeding as well as vaginal discharge. Some patients experience severe pain in the cervical region, especially during an intercourse. Intra-abdominal giant nabothian cyst presenting as lump in abdomen has been reported (Temur *et al.*, 2011). Again a large nabothian cyst causing nulliparous prolapsed has also been reported (Nigam *et al.*, 2012). Transvaginal ultrasonography and magnetic resonance imaging are the most useful imaging modalities for cervical cystic lesions (Caglar *et al.*, 2009). Generally, nabothian cysts do not require any therapy. The therapy is recommended when a patient becomes symptomatic with

### **Case Report**

pain or when the lesion character is not clear & malignancy cannot be ruled out. When necessary cryocautery, electrocautery, cyst excision can be done. In rare cases hysterectomy may be needed. Temur et al reported a case of giant nabothian cyst compressing rectum which needed hysterectomy (Temur *et al.*, 2011). Caglar *et al.*, (2009) reported hysterectomy for nabothian cyst presenting as chronic pelvic pain. Yelikar *et al.*, (2015) reported hysterectomy for nabothian cyst presenting as continuous copious thin watery discharge per vaginum.

### **REFERENCES**

- Caglar Y, Asker ZO, Selda B, Dincer S and Ali C (2009).** Multiple & large nabothian cysts: a case report. *Cumhuriyet Medical Journal* **31** 456-9.
- Kier R (1992).** Non ovarian gynecologic cysts: MR imaging findings. *AJR American Journal of Roentgenology* **158** 1265-9.
- Nigam A, Choudhary D and Raghunandan C (2012).** Large nabothian cyst: a rare cause of nulliparous prolapses. *Case Reports in Obstetrics and Gynecology* 1925-6.
- Sosnovski V, Barenboim R, Cohen HI and Bornstein J (2009).** Complex nabothian cysts: a diagnostic dilemma. *Archives of Gynecology and Obstetrics* **279** 759-61.
- Temur I, Ulker K, Karaca M, Aydin A and Gurcu B (2011).** A giant cervical nabothian cyst compressing the rectum, differential diagnosis & literature review. *Clinical and Experimental Obstetrics and Gynecology* **38** 276-9.
- Yelikar KA, Deshpande SS, Deshmukh SF and Pagare SB (2015).** An unusual presentation of nabothian cyst: a case report. *International Journal of Reproduction, Contraception, Obstetrics and Gynecology* **4**(5) 1589-1591.