Nabothian Cyst Mimicking Endocervical Polyp which Prolapsed to the Vagen

Vajene Prolabe Olmuş Endoservikal Polipi Taklit Eden Naboth Kisti

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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

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 clinically¹. They were first identified in 1707 by German anatomist Martin Naboth as a cervical retention cyst²,³. 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 development¹,³. 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 observed⁴. 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 more⁵,⁶. Adenoma malignum or other malign glandular cervical lesions can mimick NC, but they show deeper locations in endocervix⁷,⁸.
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. In this case, NC had been prolapsed to the vagina, 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 vagina.

In gynecological examination of the patient, external genitals were evaluated as normal. In speculum inspection, vagina 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 Electric 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 hysteroscopy was planned to the patient regarding of endocervical polyp excision. When vagina 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.

![Image 1](image1.png)

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 seen10.

NC’s are non-neoplastic pathologies which are abundantly encountered in general gynecologic examination while they have a rare clinical significance1. 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 enough3,9,11. Additionally, adenoma malignum or other malign glandular cervical lesions can mimic NC, but they are located deeper in the cervix7. Although the solid components that are covering or separating multiple cyts in these malignant lesions, are considered as the hint to distinguish NC cases, but it is still difficult to have net diagnosis8.

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 symptoms11. 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 expansion1. Cervical or endocervical polyps are usually found incidentally as NC at general pelvic examination, but sometimes they may present with postcoital, intermenstrual, or postmenopausal bleeding11. These abnormal vaginal bleeding symptoms are not commonly seen in NC cases3. NC is generally
asymptomatic and thus there is no need to any treatment\textsuperscript{12}. However, seldomly, electrocautery ablation and cyst excision can be required in the patients who have complaints about pelvic pain or vaginal fullness\textsuperscript{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 vagina 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.

\textbf{REFERENCES}


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