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Case Report

Re-print: Laparoscopic Excision of a Large Gartner's Duct Cyst

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Abstract:

Gartner's duct cysts (GDCs) are typically small remnants of the Wolffian ductsincidentally found during a gynecologic examination. We report a case of the second largest GDC ever reported.

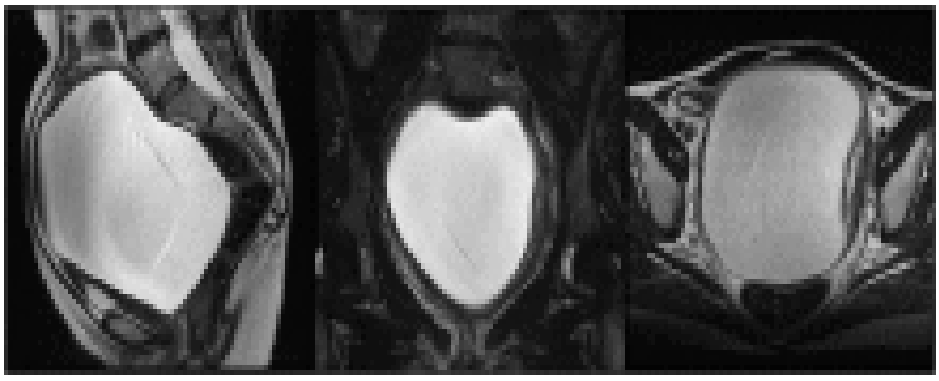
Keywords: abdominal mass; magnetic resonance imaging; wolffian duct

Introduction

Gartner's duct cysts (GDCs) are typically small remnants of the Wolffian ductsincidentally found during a gynecologic examination [1]. We report a case of the second largest GDC ever reported [2]. This case highlights the first case in the literature of a GDC managed by laparoscopic excision.

Case Report

A 43-year-old nulliparous woman presented with complaints of a lower abdominal palpable mass of 1-year evolution and voiding difficulties for 6 months. A pelvic magnetic resonance imaging (MRI) (Figure 1) revealed a paracervical cyst measuring 15.4 x 13.5 cm in the right paracervical region.



(A) Sagittal T2-weighted image demonstrated an enormous Gartner duct cyst, up to 15.4 cm in its greatest diameter in the paracervical and paravaginal region.
(B) An enhanced homogeneous cyst enclosed in a capsule on a coronal T2-weighted image.
(C) The cyst distorted the cervix onto the left side 80.

Figure 1: A magnetic resonance scan of the pelvis before the second operation.

Laparoscopic resection of the cystic lesion was planned and a myometrium was dissected by monopolar electrocautery. A well-demarcated enormous cyst with a thick capule was identified (Figure 2) and approximately 800 ml of clear serous fluid was aspirated. The cyst was carefully dissected from the uterus and then the myometrium was closed with 2-0 V-Loc™ (Covidien,

Mansfield, Massachusetts). The patient was uneventfully discharged on postoperative day 2.

Figure 2: (A) Dissection of the myometrium performed by monopolar electrocautery.
(B) Intraoperative findings: A large Gartner's duct cyst wasnoted with a thick capsule.
(C) Gross appearance of the Gartner's duct cyst.

The pathology report revealed epithelial cells without mucin or cilia in the cyst surrounded by smooth muscle cells, compatible with a GDC (Figure 3).

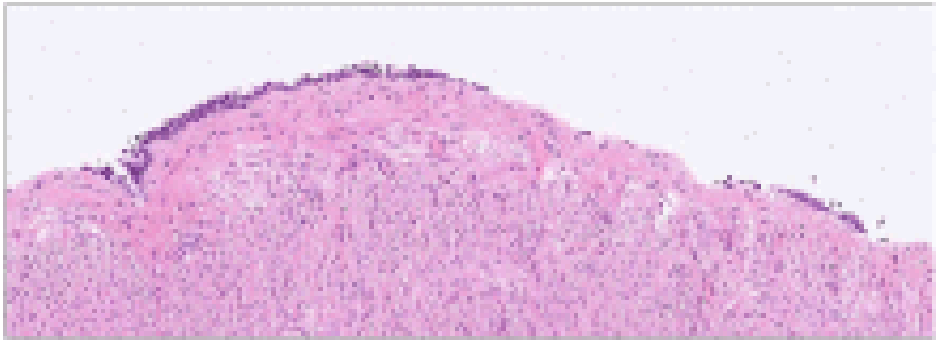


Figure 3: The pathologic image revealed the Gartner's duct cyst wall by non-ciliated, non-mucinous epithelial cells; a surrounding smooth muscle layer was evident.

Discussion

The surgical management of a GDC is controversial [3,4]. Vaginal excision has mostly been performed for enormous GDCs [5-7]. However, up to 11.4% recurrence was reported after vaginal excision [4] possibly due to incomplete excision.

Compared with the blind view during vaginal excision, laparoscopic excision for GDCs provides a direct vision of the anatomical details of internal structures in the abdomen and pelvis. Moreover, it provides a larger working space for the meticulous manipulation of surgical instruments. Furthermore, transabdominal approach provides advantages over vaginal excision for a GDC extending upward from the paravaginal region to the abdominal cavity. Therefore, we share our experience and recommend surgeons performing laparoscopic excision for GDCs in the future.

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Data availability statement: The dataset generated during and/or analyzed during the current study are available from the corresponding author upon reasonable request.

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