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PARAURETHRAL CYST DEVELOPED AFTER COMPLETE MOLE

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ABSTRACT

Masses of periurethral tissues and anterior vaginal wall are poorly understood due to their rarity.[1] These masses have similar presenting symptoms and signs, as well as overlapping differential diagnosis. Clinical management of them based on established surgical principles and expert opnions.[2] Paraurethral glands (Skene's glands) are located at the bottom of the distal urethral. Their role is to secrete to lubricate the urethral meatus. Publishing on paraurethral cyst is scare in Iraq. This work to report personal experience on paraurethral cyst after a complete mole.

A review of case file of a patient aged 22 years was carried out. A primigravida of 8 weeks gestation, diagnosed with complete mole by ultrasound. Curettage was performed as a method of evacuation then 5 courses chemotherapy were given.

The patient developed a sub urethral cyst. She was presented complaining of palpable mass, dyspareunia, and dysuria. On physical examination, a solitary cyst with a dimension of 4X4 cm was noticed (fig.1). The patient was with chronic vaginal infection. The cyst was assessed for location, mobility, tenderness, and consistency. General urine analysis, culture and urinary tract ultrasound were done.

At start, a urethral Foley catheter was inserted. The cyst was incised, drained and marsupialized. The posterior cyst wall was remained in situ. The Foley catheter was removed at the end of procedure. The patient was followed annually for any recurrence. Neither complications nor recurrence were observed during follow up period.

Paraurethral cyst is a rarely reported in literature.[1] A case report in female neonate was published in Iraq. Paraurethral cyst may be either acquired or congenital. In the line of other reports,[1] the patient in this case report in her twentieth.

In contrast to that in publication,[1] (all patients were multipara) the patient in this report was primigravida. This variation might be attributed to the difference in type of this publication. Being a case report in Iraq document the rarity of the disease.

Fig. 1: Urethral cyst.

The cyst was solitary. It agrees with that reported in literature.[1-3]

The cyst was in sub urethral meatus. Article[4] documented that the cyst located lateral or inferolateral to the urethral meatus. The description of the position was out of the scientific description.

It was mentioned that obstruction of the duct lead to the formation of the cyst.[4] In this report the patient was with chronic vaginal infection which in turn lead to obstruction of the duct by inflammatory products.

The cyst was managed surgically. No conserved management was tried. All published data documented the surgical management.[1-3]

Recently, biological research suggested that imbalance in sex hormones has been associated with skene's glands disorder.[5] Being a case of complete mole might be behind the development of paraurethral cyst.

This work through a light on facing paraurethral cyst in routine practice in gynecology.

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