

Presentation of a Giant 7 - centimeter Nabothian Cyst Mimicking Cervical Malignancy

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Objective

To share a rare presentation of a giant Nabothian cyst – from diagnosis to management, with the inclusion of high-quality images to illustrate the case.

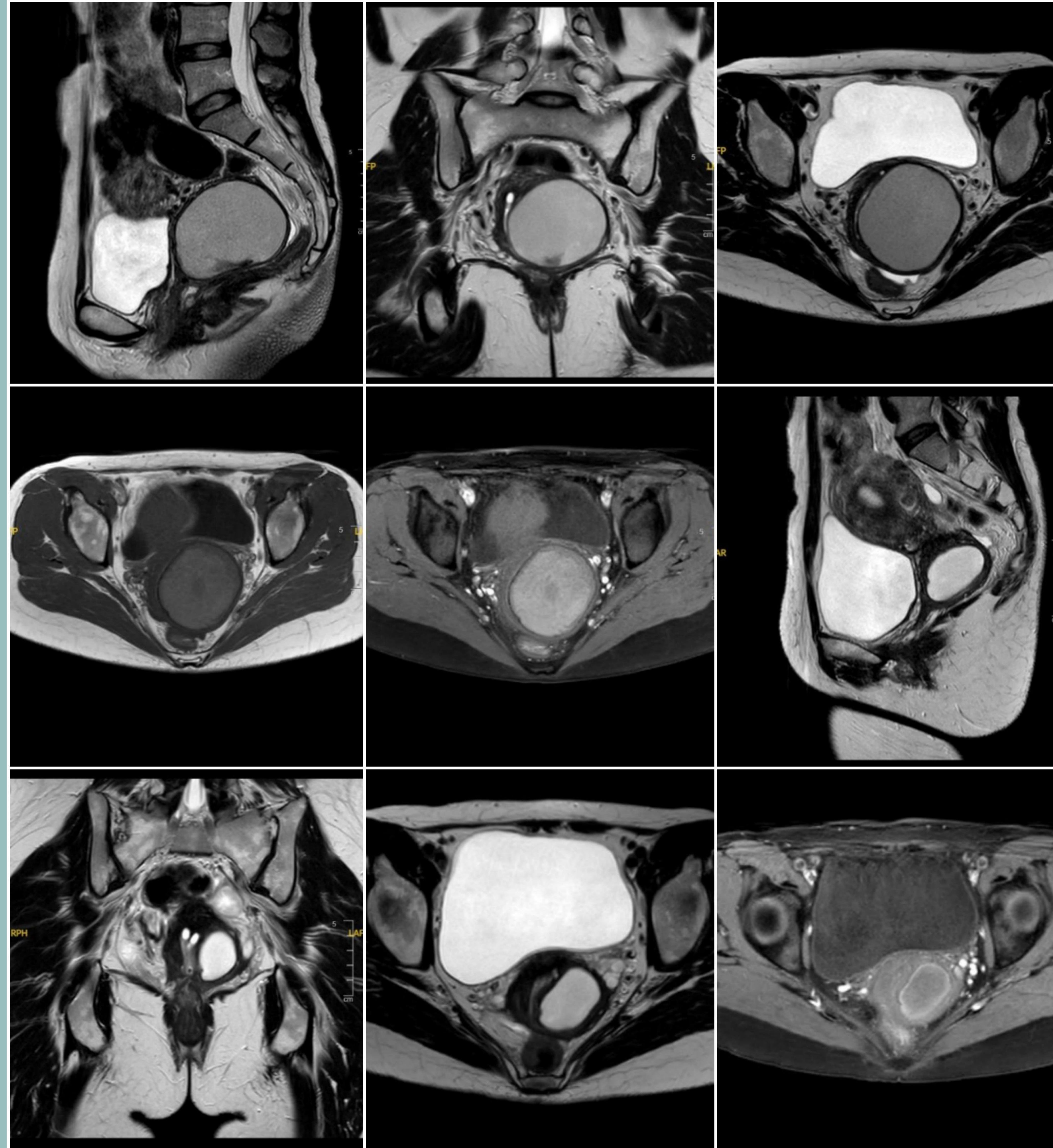
Background

Nabothian cysts are cervical mucous retention cysts – benign and usually asymptomatic. Generally small, Nabothian cysts rarely grow to > 4 centimetres (cm), the majority being self-limiting and requiring no medical intervention.

Case Report

A 45-year-old lady attended primary care for routine cervical screening. On speculum assessment, whilst no discrete lesions were seen, the cervix was noted to be uniformly enlarged – prompting a red flag referral to gynae-oncology. The patient denied any abnormal bleeding; but did report pressure-type symptoms. Further examination confirmed previous findings – an apparent ballooning of the cervix; and the recent smear had since been reported as high-risk HPV negative. An MRI pelvis was undertaken to further characterise. A 7.1x6.1 cm cystic tumour arising from the cervix was reported – appearances suggestive of a cystic lesion with proteinaceous content. MDT discussion and imaging review concluded an enlarged Nabothian cyst as the likely aetiology. At subsequent review – with patient consent and in the clinic setting – the tense cyst was incised and drained, expelling 300 millilitres (ml) of mucin. Following I&D, the cervix spontaneously reduced to normal size.

Cyst content was sent for culture, no complications occurred, and a serial MRI was scheduled at a 3-month interval to ensure no re-accumulation over time.



Discussion

A giant Nabothian cyst is rare – and presentation may overlap with that of a cervical tumour, or even pelvis mass, depending on size. MRI pelvis is the mainstay of diagnosis – with high sensitivity for differentiation between benign and malignant pathologies. Treatment options include expectant management or simple incision and drainage – and should be guided by patient symptoms. In cases of recurrent Nabothian cysts, formal surgical excision has also been described.

Conclusion

Giant Nabothian cysts represent a diagnostic challenge – mimicking the presentation of malignant disease. All such patients should undergo MDT discussion. Our case demonstrates the feasibility and safety of outpatient incision and drainage in a symptomatic woman.

References

- Vural F, Sanverdi I, Coskun AD, Kusgöz A, Temel O. Large nabothian cyst obstructing labour passage. *J Clin Diagn Res.* 2015;9(10) Qd06-07. [PMC free article] [PubMed]
- Maharjan S, Tiwari M. An unusual presentation of a huge nabothian cyst of cervix with manifestation of uterine prolapse: a case report. *Clin Med Insights Case Rep.* 2020;13 [PMC free article] [PubMed] [Google Scholar]
- Multiple Nabothian Cysts: A Cause of Cervical Obstruction Karam Harou, Affaf Elfarji, Ahlam Bassir, Lahcen Boukhanni, Hamid Asmouki, Abderraouf Soummani Gyneco-Obstetric Service, Mohammed VI University Hospital, Marrakech, Morocco DOI: [10.4236/oalib.1105212](https://doi.org/10.4236/oalib.1105212)
- Nigam, A., Choudhary, D. and Raghunandan, C.(2012) Large Nabothian Cyst: A Rare Cause of Nulliparous Prolapse. Case Reports in Obstetrics and Gynecology, 2012, Article ID: 192526.