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**Literature search results**

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**Search details**

Gartner's duct cyst

**Resources searched**

NHS Evidence; National Library for Health; TRIP Database; Cochrane Library; MEDLINE; EMBASE; Google Scholar

**Database search terms**

"gartner’s duct cyst"; gartners duct cyst"; “gartner* duct cyst”; WOLFFIAN DUCTS; CYSTS; cyst*; “gartner* duct”

**Google search string**

"gartner’s duct cyst" 1985..2010

**Summary**

There is quite a lot of research on gartner’s duct cysts, mostly case reports. However given the very general nature of your search, it has not been possible to restrict the search to the number of results required, or to summarise the research further. Naturally if you’d like to find research on a particular aspect of the cysts or in relation to adults or children, please let me know.

**Guidelines**

None found.

**Evidence-based reviews**

American Journal of Obstetrics and Gynecology

Congenital urogenital anomalies that are associated with the persistence of Gartner's duct: a review 2006

**Published research**

1. Retrovesical cystic lesions in female patients with unilateral renal agenesis or
OBJECTIVES: To review our experience with female children who have unilateral renal agenesis or renal dysplasia associated with cystic lesions in the reproductive system. METHODS: Between 1991 and 2007, we treated 26 patients with unilateral renal agenesis or renal dysplasia associated with pelvic, retrovesical or interlabial cystic lesions. In 16 patients, an abnormality either of the kidney or a cystic lesion was detected during the perinatal period. Another 10 patients presented clinical symptoms, including urinary incontinence in five, urinary tract infection in one, and vaginal discharge in four. RESULTS: Based on clinical features and imaging findings, the patients were divided into four groups: those with Gartner's duct cyst (Group 1, \( n = 9 \)); those with uterovaginal duplication with obstructed hemivagina (Herlyn-Werner-Wunderlich syndrome \([HWW]\); Group 2, \( n = 3 \)); those with both Gartner's duct cyst and HWW syndrome (Group 3, \( n = 3 \)); and those without definitive diagnosis (Group 4, \( n = 11 \)). In Group 1, leakage completely stopped after nephrectomy in three patients, whereas six patients continued to be incontinent despite the removal of dysgenetic kidneys. In Group 2, after the excision of a vaginal septum, no patient presented urinary incontinence. In patients in Group 3, both the mesonephric remnant and mullerian structures were confirmed on imaging or through endoscopy. CONCLUSIONS: Because of the high coincidence of genital and renal anomalies, it is recommended that genital systems in female patients with renal anomalies associated with cystic lesions behind the lower urinary tract be investigated. The best imaging modality to use remains under scrutiny. It is important to follow the patients until the age of puberty. The importance of a long-term follow-up in these patients needs to be emphasized.

Source: MEDLINE

2. Blind hemibladder, ectopic ureterocele, or Gartner's duct cyst in a woman with Mullerian malformation and supposed unilateral renal agenesis: a case report.

Author(s): Acien P, Acien M, Romero-Maroto J

Citation: International Urogynecology Journal, March 2010, vol./is. 21/3(365-9), 0937-3462;1433-3023 (2010 Mar)

Publication Date: March 2010

Abstract: Genital anomalies associated with unilateral renal agenesis are generally due to agenesis or hypoplasia of the entire urogenital ridge or distal mesonephric aberrations. However, renal adysplasia could also occur in association with anomalies of the ventral urogenital sinus. The patient presented didelphys uterus in the superior uterine segment, a septate cervix, and a simple vagina. After transvaginal puncture and injection of a contrast agent into the bulge observed in the right vaginal wall, a filled sac or cavity was detected, possibly a hemibladder. This structure continued upward with a possible dilated tortuous ureter that filled retrogradely. Magnetic resonance imaging also showed the presence of the right blind paravaginal sac. Right hemitrigone and ureteral orifice were absent in the cystourethrocscopy. No right kidney was found, despite the use of multiple imaging techniques. Blind hemibladder, ectopic ureterocele, and Gartner's duct cyst seem to be a possible diagnosis associated to Mullerian malformations and supposed unilateral renal agenesis. Therefore, Mullerian anomalies without combined mesonephric alteration could be associated with conditions of the ventral urogenital sinus, including blind hemibladder or ectopic ureterocele with secondary renal dysplasia.

Source: MEDLINE

3. Symptomatic giant Gartner's duct cyst of the vagina

Author(s): Akinbiyi A.A., Suchet I.

Citation: Journal of Gynecologic Surgery, June 2008, vol./is. 24/2(75-78), 1042-4067 (01 Jun 2008)
Abstract: Background: Gartner's duct cysts are remnants of Wolffian ducts, which are usually found in the upper anterolateral part of the vagina. Gartner's cysts are remnants of mesonephric (Wolffian) ducts, which, in women, are present in the uterus, vagina, and hymen until the third month of gestation and which give rise to the ureter. Remnants of the Gartner duct may be detected in up to one fourth of adult women, although Gartner's cysts arise only in approximately 1%-2% of the population. Most Gartner's cysts are small (< 3 cm), and they are usually paravaginal and in the anterolateral position; however, they can be large and cause urethral or even ureteric obstruction. Infrequently, giant Gartner's duct cyst has been reported in the literature. 

Source: EMBASE

4. Diagnostic laparoscopy in a Gartner's duct cyst.

Author(s): Castagnetti M, Cimador M, De Grazia E

Citation: Journal of pediatric urology, April 2008, vol./is. 4/2(173-5), 1873-4898 (2008 Apr)

Abstract: Gartner's duct cysts associated with renal dysgenesis are rare malformations and represent a diagnostic challenge. We report on one such case in which final diagnosis was achieved by laparoscopy and discuss the possible role of minimally invasive surgery in the management of this condition.

Source: MEDLINE

5. Vaginal cysts: a common pathologic entity revisited.

Author(s): Kondi-Pafiti A, Grapsa D, Papakonstantinou K, Kairi-Vassilatou E, Xasiakos D

Citation: Clinical & Experimental Obstetrics & Gynecology, 2008, vol./is. 35/1(41-4), 0390-6663;0390-6663 (2008)

Abstract: PURPOSE: To further study the clinicopathological features of benign vaginal cysts. METHODS: We retrospectively studied all cases of benign vaginal cysts diagnosed in our laboratory over the last decade. Pathological findings were correlated with the clinical records of the patients and histochemistry results. RESULTS: Forty cases of benign vaginal cysts were retrieved. There were 12 cases of mullerian cysts (30.0%), 11 cases of Bartholin's duct cysts (27.5%), ten cases of epidermal inclusion cysts (25.0%), five cases of Gartner's duct cysts (12.5%), one endometrioid cyst (2.5%) and one unclassified cyst (2.5%). Patient age ranged from 20 to 75 years with a mean of 35 years, and a peak incidence between 31-40 years (13 cases, 32.5%). The majority of patients were asymptomatic (31 cases, 77.5%). The cyst type which was more frequently associated with symptoms was Bartholin's duct cyst. Most lesions were located in the left-lateral vaginal wall (13 cases, 32.50%). Mullerian cysts were lined by columnar endocervical-like or cuboidal epithelium, whereas Gartner's duct cysts were all lined by cuboidal epithelium. Epidermal inclusion cysts were lined by stratified non-keratinizing squamous epithelium. Bartholin's duct cysts were lined by transitional, mucin-rich columnar or squamous epithelium and were frequently accompanied by inflammation. CONCLUSION: Benign vaginal cysts are in the majority of cases asymptomatic and are often incidentally discovered during gynecological examination for other purposes. The differential diagnosis between Mullerian and Gartner's duct cysts requires histochemical evaluation of epithelial mucin production. The pathogenesis of most types of vaginal cysts remains to be clarified.

Source: MEDLINE


Author(s): Binsaleh S, Al-Assiri M, Jednak R, El-Sherbiny M

Citation: International Urology & Nephrology, 2007, vol./is. 39/2(485-7), 0301-1623;0301-1623 (2007)

Publication Date: 2007
Abstract: We present two patients with Gartner's duct cyst managed with simple marsupialization and successful long-term follow up.

Source: MEDLINE

7. Gartner duct cyst in pregnancy presenting as a prolapsing pelvic mass

Author(s): Arumugam A.V., Kumar G., Si L.K., Vijayanathan A.

Citation: Biomedical Imaging and Intervention Journal, 2007, vol./is. 3/4, 1823-5530 (2007)

Publication Date: 2007

Abstract: Gartner duct cysts are the remnants of the Wolffian duct and they are rarely seen in adulthood. We present a case of a pregnant patient with a prolapsing vaginal mass. A diagnosis of Gartner duct cyst was made after MRI was performed. The Gartner duct cyst was drained when the patient went into labour allowing vaginal delivery to be performed. copyright 2007 Biomedical Imaging and Intervention Journal. All rights reserved.

Source: EMBASE

8. Congenital urogenital anomalies that are associated with the persistence of Gartner's duct: a review.

Author(s): Dwyer PL, Rosamilia A

Citation: American Journal of Obstetrics & Gynecology, August 2006, vol./is. 195/2(354-9), 0002-9378;1097-6868 (2006 Aug)

Publication Date: August 2006

Abstract: The embryogenesis and management of congenital urogenital anomalies that are associated with ureteric ectopia and the persistence of Gartner's duct are discussed. Ureteric ectopia with Gartner's duct cyst is caused by the failure of separation of the ureteric bud from the mesonephric duct, which leads to persistence of Gartner's duct, frequently with cystic dilation. Abnormal development of the ureter subsequently causes maldevelopment or absence of the ipsilateral kidney. The diagnosis and treatment of 2 adult women with congenital urethrovaginal fistula that was associated with unilateral single ectopic ureter, renal agenesis, and Gartner's duct anomaly are presented. Surgical repair of the urethrovaginal fistulae and removal of the Gartner's duct and cyst was performed transvaginally.

Source: MEDLINE

9. Gartner's cyst communicating with the bladder and vagina with associated complete vaginal diaphragm

Author(s): Moifo B., Garel C., Weisgerber G., El Ghoneimi A., Sebag G.

Citation: Journal de Radiologie, February 2005, vol./is. 86/2 I(170-172), 0221-0363 (Feb 2005)

Publication Date: February 2005

Abstract: Gartner's duct cyst is a relatively common benign cystic lesion and represents embryologic remnants of Wolffian ducts. These cysts are usually small and asymptomatic and have been reported to occur in as many as 1% of all women. We report a case of a 30 month old baby presenting with recurrent urinary tract infection and Gartner's duct cyst communicating with the vagina and bladder with associated complete vaginal diaphragm. The diagnosis of Gartner's duct cyst was suggested by pelvic ultrasonography and MR imaging. Vaginal diaphragm and communication between the Gartner's cyst, the bladder and vagina were established during cystoscopy and vaginoscopy. copyright Editions Francaises de Radiologie, Paris, 2005.

Source: EMBASE

10. Diagnosis and treatment for persistent Gartner duct cyst in an infant: A case report.

Author(s): Ohya T, Tsunoda S, Arii S, Iwai T
Abstract: Persistent Gartner duct cysts are extremely rare in infants. The authors describe the case of an infant with persistent Gartner duct cysts and discuss its management.

Source: MEDLINE

11. Pyonephrosis and urinary retention secondary to a large Gartner's duct cyst associated with single ectopic ureter in a pregnant woman.

Author(s): Fan EW, Cheng TC, Chiu AW, Lin H

Citation: BJU International, January 2002, vol./is. 89/1(136-7), 1464-4096;1464-4096 (2002 Jan)

Publication Date: January 2002

Source: MEDLINE

Full Text: Available in fulltext at Ovid
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Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection
Available in print at Lincoln County Hospital Professional Library
Available in print at Pilgrim Hospital Staff Library

12. Transvaginal ultrasonographic depiction of a Gartner duct cyst.

Author(s): Sherer DM, Abulafia O

Citation: Journal of Ultrasound in Medicine, November 2001, vol./is. 20/11(1253-5), 0278-4297;0278-4297 (2001 Nov)

Publication Date: November 2001

Source: MEDLINE


Author(s): Hasbargen U, Hillemanns P, Scheidler J, Kimmig R, Hepp H

Citation: Zentralblatt fur Gynakologie, October 2001, vol./is. 123/10(595-8), 0044-4197;0044-4197 (2001 Oct)

Publication Date: October 2001

Abstract: Paravaginal abscess in pregnancy. We report the diagnosis and treatment of an infected Gartner's duct cyst during pregnancy. The patient presented with lower abdominal pain, fever (38.5 degrees C) and an elevated C-reactive Protein level. Pelvic examination revealed a painful paravaginal mass. Sonography was not able to detect the cranial border of the tumor. Magnetic resonance imaging (MRI) revealed fluid accumulation laterodorsal to the vagina without evidence of a connection with the retroperitoneal space. An infected Gartner's duct cyst with consecutive abscess formation along the mesonephric duct system, was diagnosed. Following transvaginal drainage, the remainder of the pregnancy was uneventful and the patient was delivered vaginally at 40 + 5 weeks without complications. - The rare clinical finding of a paravaginal abscess in pregnancy was treated without termination of the pregnancy. Preoperative planning of the surgical approach using MRI can be easier for pelvic processes extending out of the pelvis than using ultrasound and is less painful for the patient.

Source: MEDLINE

Author(s): Emmons SL, Petty WM

Citation: Journal of Reproductive Medicine, August 2001, vol./is. 46/8(773-5), 0024-7758;0024-7758 (2001 Aug)

Publication Date: August 2001

Abstract: BACKGROUND: Gartner’s duct cysts are cystically dilated wolffian duct remnants found in the upper anterolateral part of the vagina. Many such giant cysts are diagnosed during childhood and result from ectopic communication with the ureter or cervix. There is a paucity of literature on recurrent and giant cysts presenting among older women. CASES: A 43-year-old woman presented in 1981 with a 7 x 14-cm, left, paravaginal, cystic mass. This was initially drained vaginally, then marsupialized vaginally. Following marsupialization, the patient began to note large gushes of fluid from the vagina. Ultrasound demonstrated a 3-cm cyst thought to arise within the broad ligament. The patient required total abdominal hysterectomy/bilateral salpingo-oophorectomy for endometrial hyperplasia. Exploration revealed neither a broad ligament nor vaginal mass. Postoperatively, vaginal drainage continued. Computed tomography demonstrated a multiloculated, cystic mass left of the vaginal cuff. Exploratory laparotomy revealed the mass to be within the paravaginal space. The cyst was marsupialized into the peritoneal cavity. A 32-year-old woman was diagnosed in 1992 with an 8 x 10-cm right pelvic mass found on examination and confirmed by computed tomography. At exploratory laparotomy the mass was found to be within the paravaginal space and was resected vaginally. In 1999 the patient returned, complaining of rectal pain. Examination and ultrasound revealed a right, multiloculated pelvic mass displacing the rectum, uterus and vagina. Magnetic resonance imaging demonstrated that the mass was entirely inferior to the levator plate. The cyst was resected vaginally. CONCLUSION: Giant Gartner's cysts tend to be misdiagnosed as pelvic masses. Magnetic resonance imaging is the best imaging modality for localizing these cysts. Recurrences of giant cysts tend to be multiloculated. Management strategies for multiloculated recurrences include periodic surveillance, sclerotherapy and marsupialization into the peritoneal cavity.

Source: MEDLINE

15. [Ectopic ureter in 54 children].

Author(s): Mori Y, Takiuchi H, Nojima M, Kondoh N, Yoshimoto T, Maeda N, Kurachi M, Shima H

Citation: Nippon Hinyokika Gakkai Zasshi - Japanese Journal of Urology, March 2001, vol./is. 92/3(470-3), 0021-5287;0021-5287 (2001 Mar)

Publication Date: March 2001

Abstract: PURPOSE: We reviewed 54 pediatric patients with ectopic ureter treated at our institution from 1975 to 1999. MATERIALS AND METHODS: Our series comprised 40 female and 14 male children, with age from 1 month to 11 years. Clinical records of the patients were reviewed retrospectively. RESULTS: Chief complaint was urinary incontinence in 24, high fever in 18, abdominal mass in 6, scrotal swelling in 3 and growth retardation in 2 patients. Two patients were found to have ectopic ureters without symptom during urological work-ups for their anorectal anomaly. The ectopic ureters opened into vagina in 19, vestibulum in 8, bladder neck in 7, urethra in 17, seminal vesicle in 2 and ejaculatory duct in 1 patient(s). Treatment was ureterocystoneostomy in 30, nephroureterectomy in 19, hemi-nephroureterectomy in 2, and ureteral ligature in 1 patient(s). Postoperatively, most of the patients became symptom free except for 6 patients in whom urinary incontinence was not cured due to mal-development of the bladder neck and sphincter, and due to Gartner's duct cyst. CONCLUSION: Urinary incontinence and urinary tract infection are most frequent presentations of ectopic ureter in children. Although most of the patients are cured with ureterocystoneostomy or nephroureterectomy, some incontinent girls continue to have urinary incontinence due to mal-development of the bladder neck and sphincter or Gartner's duct cyst.

Source: MEDLINE

16. Small ureterocele-like Gartner’s duct cyst associated with ipsilateral renal
aplasia: a case report.

Author(s): Kalva SP, Rammurti S, Subbarao D, Chittibabu N, Murthy VS

Citation: Australasian Radiology, February 2001, vol./is. 45/1(62-3), 0004-8461;0004-8461 (2001 Feb)

Publication Date: February 2001

Abstract: Gartner's duct cyst associated with ipsilateral renal aplasia is a rare anomaly and fewer than 40 cases have been reported in the literature. A case of Gartner's duct cyst presenting like an ureterocele on sonography, intravenous pyelography and CT are described.

Source: MEDLINE

Full Text: Available in fulltext at EBSCO Host

17. Paravaginal abscess in pregnancy

Author(s): Hasbargen U., Hillemanns P., Scheidler J., Kimmig R., Hepp H.

Citation: Zentralblatt fur Gynakologie, 2001, vol./is. 123/10(595-598), 0044-4197 (2001)

Publication Date: 2001

Abstract: We report the diagnosis and treatment of an infected Gartner's duct cyst during pregnancy. The patient presented with lower abdominal pain, fever (38.5 degreesC) and an elevated C-reactive Protein level. Pelvic examination revealed a painful paravaginal mass. Sonography was not able to detect the cranial border of the tumor. Magnetic resonance imaging (MRI) revealed fluid accumulation laterodorsal to the vagina without evidence of a connection with the retroperitoneal space. An infected Gartner's duct cyst with consecutive abscess formation along the mesonephric duct system, was diagnosed. Following transvaginal drainage, the remainder of the pregnancy was uneventful and the patient was delivered vaginally at 40 + 5 weeks without complications. - The rare clinical finding of a paravaginal abscess in pregnancy was treated without termination of the pregnancy. Preoperative planning of the surgical approach using MRI can be easier for pelvic processes extending out of the pelvis than using ultrasound and is less painful for the patient.

Source: EMBASE

18. Recurrent giant Gartner’s duct cysts: A report of two cases

Author(s): Emmons S.L., Petty W.M.

Citation: Journal of Reproductive Medicine for the Obstetrician and Gynecologist, 2001, vol./is. 46/8(773-775), 0024-7758 (2001)

Publication Date: 2001

Abstract: BACKGROUND: Gartner's duct cysts are cystically dilated wolffian duct remnants found in the upper anterolateral part of the vagina. Many such giant cysts are diagnosed during childhood and result from ectopic communication with the ureter or cervix. There is a paucity of literature on recurrent and giant cysts presenting among older women. CASES: A 43-year-old woman presented in 1981 with a 7x14-cm, left, paravaginal, cystic mass. This was initially drained vaginally, then marsupialized vaginally. Following marsupialization, the patient began to note large gushes of fluid from the vagina. Ultrasound demonstrated a 3-cm cyst thought to arise within the broad ligament. The patient required total abdominal hysterectomy/bilateral salpingo-oophorectomy for endometrial hyperplasia. Exploration revealed neither a broad ligament nor vaginal mass. Postoperatively, vaginal drainage continued. Computed tomography demonstrated a multiloculated, cystic mass left of the vaginal cuff. Exploratory laparotomy revealed the mass to be within the paravaginal space. The cyst was marsupialized into the peritoneal cavity. A 32-year-old woman was diagnosed in 1992 with an 8x10-cm right pelvic mass found on examination and confirmed by computed tomography. At exploratory laparotomy the mass was found to be within the paravaginal space and was resected vaginally. In 1999 the patient returned, complaining of rectal pain. Examination and ultrasound revealed a
right, multiloculated pelvic mass displacing the rectum, uterus and vagina. Magnetic resonance imaging demonstrated that the mass was entirely inferior to the levator plate. The cyst was resected vaginally. CONCLUSION: Giant Gartner's cysts tend to be misdiagnosed as pelvic masses. Magnetic resonance imaging is the best imaging modality for localizing these cysts. Recurrences of giant cysts tend to be multiloculated. Management strategies for multiloculated recurrences include periodic surveillance, sclerotherapy and marsupialization into the peritoneal cavity.

Source: EMBASE


Author(s): Holmes M, Upadhyay V, Pease P

Citation: Pediatric Surgery International, 1999, vol./is. 15/3-4(277-9), 0179-0358;0179-0358 (1999)

Publication Date: 1999

Abstract: A persistent Gartner's duct cyst associated with ipsilateral renal agenesis or dysplasia is rare. A vaginal cyst at the introitus as the presenting complaint is very rare, and has not been previously described in a neonate. Sepsis despite the presence of renal agenesis, or non- or poorly functioning renal tissue, is an indication for ureterectomy or nephroureterectomy on the affected side.

Source: MEDLINE

20. Duplex kidney, Gartner's duct cyst and ipsilateral mullerian duct obstruction

Author(s): Sheih C.-P., Liao Y.-J., Hung C.-S., Huang T.-S., Li Y.-W.

Citation: Journal of Urology, June 1998, vol./is. 159/6(2120-2121), 0022-5347 (Jun 1998)

Publication Date: June 1998

Source: EMBASE

Full Text: Available in fulltext at Ovid

21. Diagnosing the combination of renal dysgenesis, Gartner's duct cyst and ipsilateral mullerian duct obstruction.

Author(s): Sheih CP, Li YW, Liao YJ, Huang TS, Kao SP, Chen WJ

Citation: Journal of Urology, January 1998, vol./is. 159/1(217-21), 0022-5347;0022-5347 (1998 Jan)

Publication Date: January 1998

Abstract: PURPOSE: We describe the differential points in the diagnosis of the combination of renal dysgenesis, Gartner's duct cyst and ipsilateral mullerian duct obstruction. Various imaging studies and urological procedures were performed. We report our experience in detecting these anomalies in 10 girls and review the literature. MATERIALS AND METHODS: Ten girls, 7 to 13 years old, with this combination of anomalies were identified in the last 10 years. Imaging studies as well as urological procedures were selectively performed, especially at puberty following menarche. Patients received long-term followup with ultrasound. RESULTS: Cystic dilation of Gartner's duct protruded into the bladder and presented as a ureterocele in 5 patients and posterior to the bladder in 5. Surgical removal of a partial portion of a Gartner's duct cyst was performed in 5 patients for alleviation of urinary symptoms. Unilateral mullerian duct obstruction was demonstrated in all 10 patients. Excision of the vaginal septum was performed in 6 patients for relief of genital obstruction. CONCLUSIONS: When cystic dilatation of the pelvis, especially a ureterocele-like cyst without ureteral dilatation, is found in girls with ipsilateral renal dysgenesis, the possibility of a Gartner's duct cyst should be considered. For early detection and treatment of unilateral obstruction of duplicated mullerian ducts pelvic sonography should be performed at puberty, especially just after menarche, in girls with renal dysgenesis and ipsilateral Gartner's duct cyst.
22. Vaginal ectopic ureter with gartner's duct cyst

Author(s): Leonovicz III P.F., O'Connell B.J., Uehling D.T.

Citation: Journal of Urology, 1997, vol./is. 158/6(2235), 0022-5347 (1997)

Publication Date: 1997

Source: EMBASE

23. Small ureterocele-like Gartner's duct cyst associated with ipsilateral renal dysgenesis: Report of two cases

Author(s): Sheih C.-P., Li Y.-W., Liao Y.-J., Chiang C.-D.

Citation: Journal of Clinical Ultrasound, November 1996, vol./is. 24/9(533-535), 0091-2751 (Nov 1996)

Publication Date: November 1996

Source: EMBASE

24. Giant Gartner duct cyst: magnetic resonance imaging findings.

Author(s): Hagspiel KD

Citation: Abdominal Imaging, November 1995, vol./is. 20/6(566-8), 0942-8925;0942-8925 (1995 Nov-Dec)

Publication Date: November 1995

Abstract: Gartner duct cysts derive from remnants of the vaginal portion of the mesonephric (Wolffian) ducts. In cases of incomplete regression of these ducts, cysts can develop due to secretory activity [1]. Clinically, those cysts are usually asymptomatic, their size not exceeding 2 cm in diameter. In rare cases with larger cysts, the presence of dyspareunia and problems in obstetric delivery are described [2, 3]. We present a case of a histologically proven symptomatic Gartner duct cyst with a size of 16 x 15 x 8 cm. To my knowledge, this is the largest Gartner duct cyst ever reported in the imaging literature.

Source: MEDLINE

25. Unilateral occlusion of duplicated uterus with ipsilateral renal anomaly in young girls: a study with MRI.

Author(s): Li YW, Sheih CP, Chen WJ

Citation: Pediatric Radiology, November 1995, vol./is. 25 Suppl 1/(S54-9), 0301-0449;0301-0449 (1995 Nov)

Publication Date: November 1995

Abstract: Twenty-four young girls (mean age 13.0 years) with unilateral occlusion of a duplicated uterus and ipsilateral renal agenesis, dysplasia or hypoplasia were studied with magnetic resonance imaging (MRI) following ultrasound examination. Hydrocolpos (n = 4), hydrometrocolpos (n = 2), hematocolpos (n = 11), hematometrocolpos (n = 5), hematocolpometra, hematosalpinx (n = 3) and hematometra, hematosalpinx (n = 1) were noted (two of these patients had presented with hydrocolpos and hematocolpos before and after the menarche). Twenty-two of these girls presented with ipsilateral renal agenesis (right 11, left 11) with ectopic ureters to Gartner's duct cysts (GDC) in two, in one renal hypoplasia and in one renal dysplasia with ectopic ureters to GDC. MRI offered specific images of the genital tract, showing the exact type of Mullerian duct anomaly and providing high diagnostic accuracy. Such preoperative identification of a uterine anomaly,
complemented with appropriate surgical intervention, can assist young girls in achieving normal fertility in the future.

Source: MEDLINE

Author(s): Koroku M, Sakai S, Yanase M, Shimamura S
Citation: International Journal of Urology, July 1995, vol./is. 2/3(211-3), 0919-8172;0919-8172 (1995 Jul)
Publication Date: July 1995
Abstract: We report a case of a Gartner’s duct cyst with a right aplastic kidney. This was discovered when the right kidney was not identified in an examination for epigastric pain. CT and MRI proved useful in the diagnosis. An MRI showed a tubular structure ascending from the cyst and a complication of a bicornate uterus. As the patient was asymptomatic, the patient was followed without treatment.

Source: MEDLINE

27. Pseudoureterocele: Potential for misdiagnosis of an ectopic ureter as a ureterocele
Author(s): Sumfest J.M., Burns M.W., Mitchell M.E.
Citation: British Journal of Urology, 1995, vol./is. 75/3(401-405), 0007-1331 (1995)
Publication Date: 1995
Abstract: Objective: To present several case reports of children with 'pseudoureteroceles'. Familiarization with this entity should help to avoid an error in diagnosis and possible improper therapy. Patients and methods: Three girls with ectopic ureters entering mesonephric duct cysts are presented for review. Results: Misdiagnosis of the pseudoureterocele as an ectopic ureter was made in two children. The 'pseudoureterocele' may lie dormant for many years and often presents with acute urinary incontinence and/or onset of urinary tract infections. Resection of the dysplastic kidney and ipsilateral ureter, marsupialization of the cyst into the vagina, and closure of the vesical fistula is the preferred treatment. Conclusion: An ectopic ureter draining into a Gartner's duct cyst can be confused with an ectopic ureterocele. Correct diagnosis is vital to ensure proper treatment.

Source: EMBASE

28. A "flipped" kidney in utero in an infant with a double collecting system and a Gartner's duct cyst with a vaginal ectopic ureter.
Author(s): Rosenfeld DL, Barone JG, Lis E, Leiman S, Quarles JD, Fleisher MH
Citation: Pediatric Radiology, 1995, vol./is. 25/6(466-8), 0301-0449;0301-0449 (1995)
Publication Date: 1995
Abstract: We report an infant with two unique anatomic abnormalities. A "flipped" kidney in utero is described with the association of a Gartner's duct cyst and a vaginal ectopic ureter with a duplicated collecting system.

Source: MEDLINE

Author(s): Sheih CP, Lu WT, Liao YJ, Liang WW, Li YH
Citation: Journal of the Formosan Medical Association, June 1994, vol./is. 93/6(531-3), 0929-6646;0929-6646 (1994 Jun)
Publication Date: June 1994
Abstract: A girl with unilateral renal hypoplasia, ipsilateral Gartner's duct cyst and ipsilateral imperforate hemivagina is reported. She had a history of urinary dribbling since
early childhood. Recently, a foul bloody vaginal discharge was noted. Diagnosis was highly suspected on pelvic sonography, computerized tomography and magnetic resonance imaging, and was confirmed by punctures in the genitourinary tract with contrast study during surgery. This anomaly is extremely rare. Although three patients with similar conditions have been previously reported, different clinical presentations were noted in this patient.

Source: MEDLINE

30. Simultaneous occurrence of renal agenesis, uterus bicornis, Gartner’s duct cyst and a blind ending duplication of the ureter. Case report.

Author(s): Rademaker J

Citation: Scandinavian Journal of Urology & Nephrology, June 1994, vol./is. 28/2(183-5), 0036-5599;0036-5599 (1994 Jun)

Publication Date: June 1994

Source: MEDLINE

31. Gartner’s duct cyst with a single vaginal ectopic ureter and associated renal dysplasia or agenesis.

Author(s): Rosenfeld DL, Lis E

Citation: Journal of Ultrasound in Medicine, December 1993, vol./is. 12/12(775-8), 0278-4297;0278-4297 (1993 Dec)

Publication Date: December 1993

Abstract: Two cases of Gartner’s duct cyst with vaginal ectopic ureter and associated renal anomalies are reported. This unusual wolffian duct anomaly may be more common than previously suspected, especially in Asian patients. The radiologist and ultrasonographer should be aware of this anomaly and should perform a pelvic sonogram in any patient in whom there appears to be an absent or dysplastic kidney. Care should be taken to try and identify the Gartner’s duct cyst extending caudally posterior to the base of the urinary bladder.

Source: MEDLINE

32. Unilateral occlusion of duplicated mullerian ducts associated with ipsilateral Gartner’s duct cyst: Report of 3 cases

Author(s): Sheih C.-P., Li Y.-W., Chen W.-L., Chang C.-H., Hung C.-S.

Citation: Journal of Urology, 1993, vol./is. 149/3(543-545), 0022-5347 (1993)

Publication Date: 1993

Abstract: We evaluated 3 girls with unilateral occlusion of duplicated mullerian ducts, ipsilateral renal malformation and an ipsilateral Gartner's duct cyst.

Source: EMBASE

33. Gartner’s duct cyst described by endovaginal ultrasound

Author(s): Pena A.J., Schorr S.J., Carlan S.J., Roth L.

Citation: Journal of Diagnostic Medical Sonography, 1992, vol./is. 8/6(323-324), 8756-4793 (1992)

Publication Date: 1992

Abstract: Gartner's duct cysts develop from cystic dilatation of remnants of the embryonic mesonephros. A case in which an asymptomatic Gartner’s duct cyst was detected incidentally using endovaginal ultrasound is described.

Source: EMBASE

34. Duplicity of Gartner-duct-cysts - Case report
Author(s): Quiel V.
Citation: Zentralblatt fur Gynakologie, 1992, vol./is. 114/9(463-464), 0044-4197 (1992)
Publication Date: 1992
Abstract: A 44-year-old patient had pain over a long period of time. Only surgical removal of residuals of Gartner-duct-system both paravaginal and suburethral relieved her pain.
Source: EMBASE

35. MR imaging and sonography of Gartner's duct cyst and single ectopic ureter with ipsilateral renal dysplasia.
Author(s): Li YW, Sheih CP, Chen WJ
Citation: Pediatric Radiology, 1992, vol./is. 22/6(472-3), 0301-0449;0301-0449 (1992)
Publication Date: 1992
Abstract: An 8-year-old girl with a rare anomaly of a single ectopic ureter to the Gartner's duct cyst and ipsilateral renal dysplasia is presented. MR imaging and ultrasound were utilized to make the diagnosis.
Source: MEDLINE

36. Large Gartner duct cyst associated with a solitary crossed ectopic kidney: imaging features.
Author(s): Lee MJ, Yoder IC, Papanicolaou N, Tung GA
Citation: Journal of Computer Assisted Tomography, January 1991, vol./is. 15/1(149-51), 0363-8715;0363-8715 (1991 Jan-Feb)
Publication Date: January 1991
Abstract: A large Gartner duct cyst associated with solitary crossed renal ectopia was diagnosed in a young woman presenting with dyspareunia and pelvic pain. Among the radiologic imaging modalities used, magnetic resonance imaging and sonography were the most helpful in determining the cystic nature of the mass, its separation from other pelvic organs, as well as its contiguity with the lateral wall of the vagina.
Source: MEDLINE

37. Renal agenesis, bicornuate uterus, and cyst of Gartner's duct
Author(s): Staerman F., Babut J.M., Treguier C., Fremond B.
Citation: Annales de Pediatrie, 1991, vol./is. 38/5(341-343), 0066-2097 (1991)
Publication Date: 1991
Source: EMBASE

38. Single vaginal ectopic ureter via Gartner's duct cyst spontaneously perforating into the bladder.
Author(s): Watanabe K, Ogawa A, Inoue Y, Yoneyama T
Citation: Journal of Urology, October 1989, vol./is. 142/4(1044-6), 0022-5347;0022-5347 (1989 Oct)
Publication Date: October 1989
Abstract: We report on a girl with a rare variant of single vaginal ectopic ureter via Gartner's duct cyst, which ruptured spontaneously into the bladder leading to aggravation of urinary incontinence. The patient also had a megalovagina, and a fistula between the distal urethra and vagina. She became continent after removal of a dysplastic kidney, unroofing of the cyst and closure of the fistulas.
Source: MEDLINE
39. **Urinary retention secondary to a Gartner’s duct cyst.**

**Author(s):** Muram D, Jerkins GR

**Citation:** Obstetrics & Gynecology, September 1988, vol./is. 72/3 Pt 2(510-1), 0029-7844;0029-7844 (1988 Sep)

**Publication Date:** September 1988

**Abstract:** A 22-month-old child with a large cyst of Gartner’s duct suffered from recurrent episodes of urinary retention. Excision of such large symptomatic cysts has been recommended in the past. Marsupialization is discussed as an alternative to extensive excision.

**Source:** MEDLINE

**Full Text:**
Available in fulltext at Ovid

40. **Clinicopathological and embryological considerations of single ectopic ureters opening into Gartner’s duct cyst: a unique subtype of single vaginal ectopia.**

**Author(s):** Gotoh T, Koyanagi T

**Citation:** Journal of Urology, May 1987, vol./is. 137/5(969-72), 0022-5347;0022-5347 (1987 May)

**Publication Date:** May 1987

**Abstract:** We report 6 cases of single ectopic ureters opening into a Gartner’s duct cyst. All but 1 patient were children. The presenting symptoms were urinary incontinence, urinary tract infection, a vaginal mass or weight loss. All but 1 patient had a mass protruding into the vagina. In 5 cases nephroureterectomy was performed successfully. The cyst wall was left untouched to allow for its spontaneous collapse. Although 2 cysts were found to communicate with the vagina, 4 presented as a closed space. All resected kidneys were more dysplastic than those with vaginal ectopia without cyst formation. The etiology and pathogenesis of the anomaly are unknown but some speculations are made.

**Source:** MEDLINE

41. **Vaginal cysts: a clinicopathological study of 41 cases.**

**Author(s):** Pradhan S, Tobon H

**Citation:** International Journal of Gynecological Pathology, 1986, vol./is. 5/1(35-46), 0277-1691;0277-1691 (1986)

**Publication Date:** 1986

**Abstract:** The clinicopathological features of 43 vaginal cysts in 41 patients treated at Magee-Womens Hospital between 1972 and 1982 were evaluated. Thirty-five of the patients were white and six black; their ages ranged from 19 to 68 years with an average of 37.6 years. Most patients complained of a swelling or mass in the vagina, accompanied in some by stress incontinence, dyspareunia, dysfunctional uterine bleeding, or a history of episiotomies or vaginal lacerations. The majority of the cysts were located in the lateral and posterior walls of the vagina. The most frequent cyst type was mucus-secreting mullerian (19; or 44%), followed by ten (23%) epidermal inclusion cysts; three of the latter were located in a previous episiotomy site. The remainder were five (11%) of Gartner’s duct type, three (7%) of Bartholin’s duct type, and three (7%) of endometriotic type. The remaining three were unclassified for lack of an epithelial lining in two, and one cystourethrocele was confused with a vaginal cyst. None disclosed atypical epithelial hyperplasia or malignant change.

**Source:** MEDLINE

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YW Li, CP Sheih, WJ Chen - Pediatric radiology, 1992 - Springer

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... Received July 28, 2000; accepted after revision December 4, 2000. Address correspondence to B. Ubeda. Introduction ... Gartner's Duct Cyst Gartner's duct is a remnant of the caudal portion of the mesonephric or wolffian duct that fails to resorb normally in the female. ...

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