

Postpartum Prolapsed Müllerian Cyst Mimicking Anterior Vaginal Wall Prolapse: A Diagnostic Challenge in Urogynecology

AlShabanah R¹, Medel S¹, Khinkar A¹

1. Department of Urogynecology and Pelvic Reconstructive Surgery, King Abdulaziz Medical City, Ministry of National Guard Health Affairs, Riyadh, Saudi Arabia.

Introduction:

Müllerian cysts account for 30–40% of vaginal cysts, with an overall prevalence of 0.5% among women. They may prolapse in the postpartum period and mimic anterior vaginal wall prolapse. Symptom overlap, postpartum anatomical changes, and limitations of imaging add to the diagnostic challenge.

Case Presentation:

A 27-year-old woman, six weeks postpartum, presented with a progressively enlarging vaginal mass protruding through the introitus. Clinical examination suggested anterior compartment prolapse, but imaging was inconclusive, prompting surgical exploration.

Intraoperative and Histopathology Findings:

Intraoperative cystourethroscopy with methylene blue confirmed no urinary tract communication. Complete cyst excision with symmetric trimming of vaginal mucosa was performed. Histopathology revealed a benign Müllerian cyst lined by columnar epithelium without atypia or malignancy.

Outcome:

The patient recovered uneventfully and was discharged on the same day. At four-week follow-up, she reported complete symptom resolution, continence, and satisfactory wound healing without residual tissue.

Conclusion:

Müllerian cysts can closely mimic anterior vaginal wall prolapse. The differential diagnosis includes Müllerian cyst, urethral diverticulum, and Gartner's duct cyst. Intraoperative cystourethroscopy is essential to exclude urinary tract involvement, while histopathology remains the gold standard for definitive diagnosis.

