

Tracheloscopic Excision of Multiple Endocervical Nabothian Cysts in a Woman with Recurrent Miscarriage. A Case Report

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Citation: Tarek Al-Hussaini, Osama Shawki, Ahmed H. Mohammed. Tracheloscopic Excision of Multiple Endocervical Nabothian Cysts in a Woman with Recurrent Miscarriage. A Case Report. *Int Jour Gyn Infer.* 2023;1(1):1-3.

Received Date: 02 July, 2023; **Accepted Date:** 04 July, 2023; **Published Date:** 06 July, 2023

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ABSTRACT

We report a case of 35-year-old-woman with a history of recurrent first trimester miscarriages (5 times) within the last 6 years. Examination was unremarkable except transvaginal ultrasound which showed multiple endo-cervical Nabothian cysts ranging from 10-15 mm in diameter. MRI confirmed the diagnosis of multiple Nabothian cysts. Tracheloscopic excision of those endocervical Nabothian cysts was performed. Two months after the operation the patient got pregnant spontaneously and proceeded to term. Now she had two term deliveries (male, female) and she is currently pregnant. To our knowledge, this is the first case in the English literature to describe Tracheloscopic excision of multiple large Nabothian cysts bulging into the endocervix.

Key words: Cystic cervicitis, Hysteroscopy, Infertility, Nabothian cysts, Miscarriage

INTRODUCTION

Chronic cervicitis with or without Nabothian cysts is a common gynecological pathology. It may be asymptomatic, or it may cause vaginal discharge and/or pelvic pain. Nabothian cysts result from obstruction of mucous glands of the cervix. Much rarer is the development of multiple asymptomatic large endocervical Nabothian cysts. There is no clear evidence that Nabothian cysts have a definite or clear relation to infertility and miscarriage (either sporadic or recurrent). However, multiple Nabothian cysts caused cervical obstruction in a woman with seven years primary infertility^[1]. In addition, spontaneous pregnancy was described after obstructive Nabothian cyst treatment^[2]. In this case, we describe a new approach (Tracheloscopy) for the diagnosis and management of such cases.

CASE REPORT

We report on a 35-year-old-woman with a history of recurrent first trimester miscarriages (5 times) within the last 6 years. There is no history of consanguinity, Semen parameters were normal and she was spontaneously ovulating.

All available investigations in our locality for recurrent miscarriage came back Normal. These included FSH, LH, TSH, Prolactin, HBA1C, Anticardiolipin IgG, IgM, and Lupus anticoagulant.

Examination was unremarkable except that PV examination showed a bulky (ballooned) posterior cervix and a Trans vaginal Ultrasound (TV/US) showed Multiple > 5 large (10-15 mm) endocervical Nabothian cysts. Figure 1.

Cusco-speculum examination was normal with no Nabothian cysts on portio-vaginalis (ecto-cervix). Pap smear was negative and Colposcopy showed normal findings. MRI came back showing benign featuring Nabothian cysts.

Patient was advised and counseled for combined Hysteroscopy/Tracheloscopy to diagnose and treat any subtle lesions which may have a role for causing her recurrent miscarriages. An informed written consent was obtained from the patient and her husband before the procedure. IRB approval was obtained from the Ethical committee of the Faculty of Medicine. Hysteroscopy/Tracheloscopy was performed by author number 2 (OS). During the operation, multiple variable sized Nabothian cysts were found bulging into the endocervix. Hysteroscopic examination of the uterine cavity showed no abnormalities. Cutting, drainage, and de-roofing of all Nabothian cysts were performed using cold scissors. Deep embedded Nabothian cysts were also de-roofed and drained. She was prescribed a course of antibiotics following the procedure. Post-operative course was uneventful. Two months later, our patient got pregnant spontaneously and went to term. Now, she has two living children and is currently pregnant in her 26th week gestation.

DISCUSSION

Cystic lesions of the cervix, diagnosed by transvaginal ultrasound and/or MRI, are not common. Differential diagnosis includes benign conditions like Nabothian cysts, cystic cervicitis, Tunnel cluster and endocervical hyperplasia^[3]. On the other hand, malignant cystic lesions of the cervix include adenocarcinoma and Adenoma Malignum. MRI may help in the differentiation of such conditions. However, sometimes it is very difficult to differentiate benign from malignant conditions by imaging techniques and a biopsy or conization is mandatory to reach the final diagnosis.

Generally, Nabothian cysts do not require any therapy. If they are symptomatic, surgical intervention is needed. In addition, Cervicitis may contribute to infertility by fibrosis and cervical stenosis^[4].

Ablation of the cyst using electrocautery is the usual approach; however, if the diagnosis is uncertain excision to evaluate histopathology is advised^[5]. Other treatment modalities include wide excision or simple drainage^[6]. The main disadvantage to surgical treatment is the possibility of causing scar tissue and fibrosis which itself can lead to dyspareunia^[2].

In our case, young age, TV/US and MRI were all in favor of a benign condition (Nabothian cysts). Therefore, our aim was to treat such condition using the new technique of Tracheloscopy. Nabothian cysts were cut, drained and de-roofed. It is a novel and a minimally invasive approach in particular in women with infertility or recurrent miscarriages who have such lesions. However, other malignancy should be excluded before embarking on such

treatment. We think that Multiple Nabothian cysts, even if asymptomatic, should be treated in cases of infertility or recurrent miscarriages when no other cause could be identified.



Figure 1: Transvaginal ultrasound showing endocervical Nabothian cysts.

REFERENCES

1. Harou K, Elfarji A, Bassir A, Boukhanni L, Asmouki H, et al. Multiple Nabothian Cysts: A Cause of Cervical Obstruction. Open Access Library Journal 2019;6:1-5.
2. Turan G, Bahat PY, Çetin BA. Spontaneous pregnancy after obstructive nabothian cyst treatment. Int J Reprod Contracept Obstet Gynecol. 2017;6:2625-2627.
3. Oliveto JM, Muinov L. Cystic cervicitis. A case report and Literature Review of cystic cervical lesions. J Comput Assist Tomogr 2016;40:564-566.
4. Jennifer MO, Lyudmila M. Cystic Cervicitis: A Case Report and Literature Review of Cystic Cervical Lesions. J Comput Assist Tomogr. 2016;40:564-566.
5. Ki EY, Byun SW, Park JS, Lee SJ, Hur SY. Adenoma malignum of the uterine cervix: report of four cases. World J Surg Oncol. 2013;11:168-173.
6. Caglar Y, Asker ZO, Selda B, et al. Multiple & Large Nabothian Cysts: A Case Report. Cumhuriyet Med J. 2009;31:456-459.