

## **Gartner Duct Cyst (Mesonephric duct remnant) on Vagina Caused Dysuria and Dyschezia in a Yorkshire terrier**

Hye-jin Kim, Jin-kyoung Kim, Ji-hyechoi, Jae-young Jang, Hyun-wook Kim,  
Eun-chang Lee, and Hyun-jung Ban

*Haemaru Animal Referral Hospital*

**Introduction:** Gartner duct cyst is derived from the distal remnant of mesonephric (wolffian) ducts. Imperfect regression of wolffian duct can result in urogenital abnormalities. Persistent gartner duct cyst has been extremely rare in dogs. Clinically, these cysts are usually asymptomatic and their size is not exceeding 2cm in diameter. But clinical signs of dysuria, dyspareunia, tenesmus and dyschezia can be shown in human with a large gartner duct cyst.

**Materials and methods:** A 5 year-old, 4.5kg intact female Yorkshir terrier was referred to the Haemaru animal referral hospital for dysuria and dyschezia. On physical examination, increased abdominal tension and palpable mass were observed. Results of CBC, serum chemistry, and urinalysis were within reference ranges. In radiographic examination, round shaped mass was shown caudal to urinary bladder. In ultrasonography, the mass contained anechoic fluid within thin wall and it was different from uterine wall. And there was no abnormal lesion in uterus. It originated from pelvic canal direction to abdomen, so it was impossible that the origin of mass was identified in ultrasonography. However, the mass was presumed as a cyst of vaginal or uterine body approximately with 3.2 cm in diameter. In surgical treatment, the cyst was attached outer wall of cranial vagina and there was no opening to vaginal lumen. The cyst had been expanded into the caudal vagina. Cystic fluid was removed by needle aspiration and cystic wall was resected. Then remained vaginal wall was omentalized to prevent the recurrence. Cystic fluid was a transudate (S.P=1.017, and T.P=1.6 g/dl) and the result of bacteria culture was negative.

**Results:** Histopathologic diagnosis revealed that the cyst wall consisted of stratified cuboidal epithelial cells and was regarded as wolffian duct remnant. There was no neoplastic change. After surgical resection, clinical problems were disappeared and recurrence was not found for 3 months.

**Clinical relevance:** Although aggressive procedures are not recommended usually in asymptomatic cases, in this case, symptomatic large gartner duct cyst on vagina need accurate diagnosis and surgical correction.

\*Corresponding author: [tingee75@hanmail.net](mailto:tingee75@hanmail.net)