Skene’s gland cyst as an interlabial mass in a newborn girl

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DESCRIPTION
The Skene’s glands, the largest of the paraurethral glands, have 6–30 ducts merging in the distal urethra.¹ They secrete mucoid material with sexual stimulation and are considered homologues of the male prostate. Skene’s duct cysts are a rare cause of interlabial mass, especially in newborns.² There is a variable incidence of 1:2074–7242, but it may be higher than described in the literature. Maternal oestrogen exposure, obstruction or stenosis of the duct and dislocation of the urothelium have been suggested as causes. The true aetiology remains unknown.¹

We present a newborn girl found to have a painless bulging interlabial mass (figure 1); the remainder of the examination was normal. Prenatal history was unremarkable. Pelvic ultrasound showed an indeterminate solid isoechoic mass in the region of the urethra, without internal vascularity; no cystic components were identified. Abdominopelvic CT with contrast showed a 7×6×11 mm cystic lesion in the region of the vagina; no contrast enhancement was seen. Pelvic MRI with and without contrast showed an 11×6 mm cystic midline perineal mass in a paraurethral location, without enhancement; there were neither vaginal nor uterine anomalies and no obstruction. Urethral catheterisation was performed under anaesthesia, with some difficulty in identifying the urethral opening, which was located on the right lateral wall of the cystic structure (figure 2). Vaginal patency was verified. Voiding cystourethrogram was normal. Spontaneous resolution had occurred by follow-up.

Differential diagnoses include imperforate hymen, urethral prolapse, urethral diverticulum, rhabdomyosarcoma of the vagina and prolapsed ectopic ureterocele.¹ ²

Treatment options vary on observation, needle aspiration and drainage, excision, unroofing and marsupialisation, usually without recurrence.¹ ²

Learning points
▸ Displacement of the urethral meatus by the mass is a distinctive feature of paraurethral cysts.
▸ Urinary obstruction should be ruled out to provide prompt appropriate management.
▸ The incidence of Skene’s gland cysts may be higher than reported in the literature.

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REFERENCES