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ABSTRACT

Interlabial cysts in the newborn are rare findings and distinct entities are included in the differential diagnosis. Simple hymenal cysts are one of the most commonly reported and spontaneous regression frequently occurs. We report a case of a newborn with an introital cyst arising from the hymen.

A full-term female newborn presented a yellowish, 10×15 mm cyst protruding from the vaginal introitus and attached to the hymen (**figure 1**); the urethral meatus had a normal position, anterior to the cyst, and a normal voiding pattern was observed. The remaining physical examination was normal. A diagnosis of hymenal cyst (HC) was evoked and an expectant approach was taken. HC progressively decreased in size throughout 6 weeks.

This benign congenital lesion is a rare finding.^{1 2} Interlabial cysts are reported in 1:1000–1:7000 of newborn girls, mostly simple HC and paraurethral gland cysts.³ The etiology is uncertain.¹ HCs present as thin-walled, golden/whitish lesions attached to the hymen, posteriorly to urethral meatus, and usually do not course with

bleeding or urine flow obstruction.³ Spontaneous regression of HC frequently occurs within a few weeks after birth³ and conservative management is advised.^{2 3} Differential diagnoses of HC include genital or urethral prolapse, urethral polyp, paraurethral cyst, Gartner's duct cyst, prolapsed ectopic ureterocele, hydrometrocolpos and botryoid rhabdomyosarcoma.^{1–3}

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REFERENCES

1. Yilmaz AE, Andiran F, Sarifakioglu E, *et al.* Newborn with genital interlabial mass with spontaneous resolution: case report. *Arch Argent Pediatr* 2013;111:e8–9.
2. Berkman DS, McHUGH MT, Shapiro E. The other interlabial mass: hymenal cyst. *J Urol* 2004;171:1914–5.
3. Badalyan V, Burgula S, Schwartz RH. Congenital paraurethral cysts in two newborn girls: differential diagnosis, management strategies, and spontaneous resolution. *J Pediatr Adolesc Gynecol* 2012;25:e1–e4.

Figure 1 Hymenal cyst protruding from the vaginal introitus.

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