## Cervical cysts - Nabothian or Pre-Invasive? - Lobular endocervical glandular hyperplasia (LEGH) in a premenopausal woman

Lobular endocervical glandular hyperplasia (LEGH) is an uncommon benign glandular proliferation that frequently affects premenopausal women. LEGH is associated with Peutz–Jeghers syndrome and germinal mutations in STK11 gene. Although it usually presents as an incidental finding, well demarcated multicystic masses with watery vaginal discharge rarely occur. Microscopically, LEGH shows a lobular architecture with tall mucinous glands and abundant pale cytoplasm resembling pyloric gastric glands. This condition is the benign form within the spectrum of gastric-type endocervical glandular lesions. Particularly, it has been associated with well differentiated gastric-type endocervical adenocarcinoma (GAS), previously known as adenoma malignum. We would like to present a case of a 40 years woman with persistent discharge per vaginum and multiple vaginal cysts, incidentally found to have atypical glandular cells on routine liquid based cytology. Subsequent colposcopy directed cervical biopsy showed LEGH. Preoperative MRI done showed bulky cervix with multiple vaginal cysts, but no parametrial involvement. She underwent cone biopsy and vaginal cyst excision. Final histopathology of the specimen showed adenocarcinoma of the gastric subtype. The lesion was negative for p16 and MUC6 marker, while P53 expression was normal. Post surgery she was advised radiotherapy evaluation for cisplatin based chemoradiation after a multidisciplinary department consensus. Currently she has received external beam radiation therapy and is receiving vault brachytherapy.

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