CONDITION

Nabothian cyst

A nabothian cyst is a harmless, mucus-filled bump that forms on the cervix.

WHAT IT IS
Benign mucus-filled cyst on the cervix

BODY SYSTEM
Female reproductive system

MAIN SYMPTOMS
Usually none, pelvic pressure, unusual discharge, light bleeding

WHAT CAUSES IT
Mucus trapped during normal cervical healing

HOW IT IS DIAGNOSED
Pelvic examination, sometimes imaging or biopsy

MAIN TREATMENT
Observation or minor removal procedure

CAN IT BE CURED?
Yes - spontaneous resolution or removal possible

IS IT AN EMERGENCY?
No - concerning bleeding or severe pain needs assessment

LONG-TERM OUTLOOK
Excellent; most cause no lasting health problems

Overview

A nabothian cyst is a small, mucus-filled bump on the cervix. The cervix is the lower part of the uterus that opens into the vagina. Glands in the cervix normally make mucus. A cyst forms when skin-like cells cover a gland opening and trap the mucus inside.

Most nabothian cysts are only a few millimetres across, although some become larger. There may be one cyst or several. They often look white, pale yellow, or slightly clear during a pelvic examination.

These cysts are benign, meaning they are not cancer. They are also not considered precancerous and do not usually affect fertility, pregnancy, or sexual health. Many are found by chance during a routine pelvic examination, cervical screening appointment, ultrasound, or other imaging.

A typical nabothian cyst does not need treatment. Its main medical importance is that an unusually large, deep, or irregular-looking cyst may need more testing to confirm what it is.

Symptoms

Most nabothian cysts cause no symptoms. You usually cannot feel a small cyst yourself because it is on the cervix rather than the outer genital area.

A large cyst or a group of cysts may occasionally cause:

These symptoms have many possible causes. Finding one of them does not mean that you have a nabothian cyst.

Bleeding after sex, bleeding between periods, bleeding after menopause, persistent discharge, or ongoing pelvic pain should not automatically be blamed on a cyst. These symptoms deserve medical assessment even if a cyst has previously been found.

- A feeling of pressure or fullness in the pelvis
- Discomfort during sex
- Unusual vaginal discharge
- Light bleeding if a cyst breaks open
- Difficulty with a cervical examination if the cyst blocks the cervical opening

Causes and risk factors

The cervix contains glands that release mucus onto its surface. During normal healing, a type of flat cell called a squamous cell may grow over the opening of one of these glands. Mucus then collects behind the blocked opening, creating a cyst.

This process often happens in an area called the transformation zone. This is where two normal types of cervical cell meet and gradually replace one another. Cell change in this area is common during the reproductive years.

Nabothian cysts may be noticed after:

Many people with a nabothian cyst have no clear trigger. The cyst is not caused by poor hygiene. It is not a sexually transmitted infection, and it is not caused by human papillomavirus, or HPV.

Although inflammation may contribute to gland blockage, a nabothian cyst itself is not usually infected.

- Childbirth, while the cervix is healing
- Inflammation of the cervix, called cervicitis
- Minor injury or a procedure involving the cervix
- Normal cell changes over time

Diagnosis

A healthcare professional can often identify a typical nabothian cyst by looking at the cervix during a pelvic examination. A tool called a speculum is used to hold the vaginal walls apart so the cervix can be seen. The cyst usually appears as a smooth, rounded, white or yellow bump.

No further testing is usually needed when its appearance is typical and you do not have concerning symptoms.

More assessment may be appropriate if the cyst is unusually large, deep within the cervix, causing symptoms, or difficult to distinguish from another cervical growth. Tests may include:

A biopsy is not routine for an ordinary nabothian cyst. It is used when the appearance is unusual or the diagnosis remains uncertain.

A cervical screening test checks for changes linked to cervical cancer; it is not designed to diagnose a nabothian cyst. Having a cyst does not replace the need for cervical screening at the intervals recommended for your age, previous results, and local screening programme.

- Colposcopy: examination of the cervix with a magnifying instrument
- Ultrasound: imaging that uses sound waves to show the cervix and nearby organs
- MRI: detailed imaging that may help assess a large or complex cyst
- Biopsy: removal of a small tissue sample for examination under a microscope

Treatment and management

Most nabothian cysts need no treatment. If the cyst has a typical appearance, causes no symptoms, and does not interfere with examination of the cervix, it can usually be left alone.

Some cysts remain unchanged for a long time. Others become smaller or disappear without treatment. New cysts can also form later.

Treatment may be considered when a cyst:

A clinician may open and drain the cyst, remove it, or destroy the cyst tissue using heat or

freezing. The exact procedure depends on its size, position, symptoms, and whether tissue needs to be tested. These are often minor procedures, although deeper or very large cysts may require more involved treatment.

Possible short-term effects include cramping, light bleeding, or watery discharge while the cervix heals. Any planned procedure should include an explanation of what to expect and when to seek help afterward.

Antibiotics like amoxicillin or doxycycline do not treat a simple, uninfected nabothian cyst. Do not try to puncture or drain a cervical cyst yourself. This could cause bleeding, infection, or injury and may delay diagnosis of a different cervical condition.

- Causes persistent pressure, pain, discharge, or bleeding
- Is large enough to block the cervical opening
- Makes cervical examination or treatment difficult
- Has an uncertain or unusual appearance

Complications

Complications are uncommon. A large cyst may distort the shape of the cervix, narrow the cervical canal, or make cervical screening and examination more difficult. Rarely, it may cause pressure, pain, discharge, or bleeding.

A nabothian cyst does not usually affect the ability to become pregnant. A very large cyst that blocks the cervical canal could potentially interfere with menstrual flow or the passage of sperm, but this is unusual.

The cyst itself does not turn into cervical cancer. However, some uncommon cervical growths can appear cyst-like. This is why a large, deep, irregular, or rapidly changing lesion may need imaging or a biopsy rather than being assumed to be harmless.

Procedures used to remove a cyst may cause bleeding, infection, or scarring, although these problems are not common.

Prevention

Nabothian cysts cannot reliably be prevented. They often develop as part of normal cell replacement and healing on the cervix.

Prompt assessment and treatment of cervical infections or inflammation may support cervical

health, but it does not guarantee that a cyst will not form. The cyst is not caused by anything you did, and personal hygiene products will not prevent it.

Routine cervical screening does not prevent nabothian cysts, but it remains important for detecting certain other cervical cell changes.

Living with it and what to expect

For most people, a nabothian cyst has little or no effect on daily life. It usually does not require medication, activity limits, changes to sex, or special self-care.

Over months or years, a cyst may remain the same size, slowly change, or disappear. Several may be present at once, and another may develop after an earlier one has gone. This does not usually mean that the condition is worsening.

Routine follow-up is generally based on the cyst's appearance, your symptoms, and whether the cervix can be examined properly. A typical symptom-free cyst may not need a separate follow-up appointment. You should still attend cervical screening when invited and follow any monitoring plan given after an unusual examination or imaging result.

If a cyst is removed, symptoms caused by that cyst generally improve after healing. Removal does not prevent another cervical gland from becoming blocked later.

Pregnancy does not usually change how a typical nabothian cyst is managed. If a large cyst is found during pregnancy, the maternity team may assess whether it affects the cervical opening or whether another diagnosis needs to be excluded. Most do not interfere with pregnancy or birth.

When to get medical help

Arrange a routine appointment if you have been told that you have a nabothian cyst and want to understand the finding, or if pelvic pressure, discomfort during sex, unusual discharge, or light bleeding continues. A routine review is also appropriate if you are overdue for cervical screening.

Seek prompt medical assessment for:

These symptoms do not necessarily mean that the cyst is serious. They need assessment because infection and other cervical or pelvic conditions can cause similar symptoms.

Seek urgent or emergency care for heavy vaginal bleeding, severe or sudden pelvic pain, fainting, marked weakness, or pain and bleeding during pregnancy. These are not usual

features of a nabothian cyst and may have another cause that needs rapid evaluation.

After a cervical procedure, follow the specific instructions you were given. Seek prompt advice for heavy bleeding, increasing pain, fever, or foul-smelling discharge.

- Bleeding after sex that happens more than once
- Bleeding between periods or after menopause
- Persistent watery, blood-stained, or unpleasant-smelling discharge
- Pelvic pain that is new, worsening, or does not settle
- Fever with pelvic pain or unusual discharge
- A cervical lesion described as large, complex, deep, or uncertain

Common questions

Is a nabothian cyst cancerous?

No. A typical nabothian cyst is a benign mucus-retention cyst, not cancer or a precancerous change. Unusual cyst-like growths may look similar during an examination, so further testing is sometimes used when the appearance is not typical.

Will a nabothian cyst go away on its own?

It may. Some cysts shrink or disappear, while others remain visible for years without causing harm. A symptom-free cyst does not normally need to disappear or be removed for you to remain healthy.

Can a nabothian cyst affect fertility or pregnancy?

Most do not affect fertility, pregnancy, or childbirth. A very large cyst that blocks or distorts the cervical canal may need specialist assessment, but this is uncommon.

Can a nabothian cyst cause bleeding or discharge?

Most cause no symptoms. A cyst that breaks open may cause a small amount of discharge or light bleeding. Because bleeding and persistent discharge can have other causes, especially after sex or after menopause, they should be assessed rather than assumed to come from the cyst.

Does a nabothian cyst need to be removed?

Usually not. Removal may be considered if the cyst causes symptoms, obstructs the cervix, interferes with an examination, or has an uncertain appearance. The benefits and possible effects of treatment should be discussed before a procedure.

Is a nabothian cyst caused by HPV or an STI?

No. It forms when normal cervical mucus becomes trapped beneath surface cells. It is not caused by HPV, is not sexually transmitted, and cannot be passed to a partner.

Sources

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