CONDITION

Vaginal cysts

Vaginal cysts are usually harmless sacs that form in or along the vaginal wall.

WHAT IT IS
Fluid-filled or tissue-filled sacs along the vaginal walls

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
Vaginal lump, pressure, painful sex, urinary symptoms

WHAT CAUSES IT
Blockage, tissue injury, or developmental tissue remnants

HOW IT IS DIAGNOSED
Pelvic examination; imaging or biopsy when needed

MAIN TREATMENT
Monitoring or surgical removal when symptomatic

CAN IT BE CURED?
Sometimes - removal can eliminate an individual cyst

IS IT AN EMERGENCY?
Sometimes - severe pain with fever or inability to urinate

LONG-TERM OUTLOOK
Usually benign, with treatment guided by symptoms

Overview

A vaginal cyst is a closed sac in or just beneath the vaginal wall. It may contain fluid, mucus, air, or soft tissue. Vaginal cysts are usually benign, meaning they are not cancer.

Some cysts are present because tissue left over from development before birth forms a small sac. Others develop after childbirth, surgery, or an injury to the vaginal wall. A blocked gland near the vaginal opening can also cause a cyst-like lump.

Many vaginal cysts are small and cause no symptoms. They may be found during a pelvic examination for another reason. Larger cysts can cause pressure, discomfort during sex, or trouble using tampons. A cyst near the urethra-the tube that carries urine out of the body-may affect urination.

A lump at the vaginal opening is not always a vaginal cyst. For example, a Bartholin cyst forms

in a gland on the vulva, the external genital area. Other conditions can also look or feel like a cyst, so a new or changing lump should be examined.

Symptoms

A small vaginal cyst may not be noticeable. When symptoms occur, they depend on the cyst's size, location, and whether it has become inflamed or infected.

Possible symptoms include:

Vaginal cysts do not usually cause heavy bleeding. Bleeding after sex, bleeding from a lump, or bleeding after menopause needs medical assessment because it may have another cause.

Symptoms alone cannot confirm that a lump is a cyst. Vaginal wall prolapse, an abscess, a urethral diverticulum, and some benign or cancerous growths may have similar symptoms.

- A smooth lump inside the vagina or near its opening
- A feeling of fullness, pressure, or something "coming down"
- Discomfort during sex
- Difficulty inserting a tampon
- Irritation while walking, sitting, or exercising
- Urinary leaking, a weak urine stream, or difficulty emptying the bladder
- Pain, tenderness, discharge, or swelling if infection develops

Causes and risk factors

Several types of cyst can affect the vagina.

Inclusion cysts can form when tissue becomes trapped beneath the vaginal surface. This may happen after childbirth, vaginal tearing, pelvic surgery, or another injury. These cysts are often found on the lower or back wall of the vagina.

Gartner duct cysts develop from tissue left over from the formation of the reproductive and urinary systems before birth. They are often located along the side or front wall of the vagina.

Müllerian cysts also arise from developmental tissue. They may occur anywhere along the vaginal wall and are usually benign.

Bartholin cysts form when a Bartholin gland duct becomes blocked. These glands sit on either side of the vaginal opening and provide moisture. A Bartholin cyst is technically a vulvar cyst

rather than a cyst within the vagina, but people often describe it as a vaginal lump.

An urethral diverticulum is a pocket connected to the urethra. It is not a true vaginal cyst, but it can produce a lump in the front vaginal wall. It may also cause repeated urinary infections, pain with sex, or urine leakage after urinating.

Having a vaginal cyst does not mean that you have poor hygiene or a sexually transmitted infection. Most developmental cysts cannot be linked to anything a person did.

Diagnosis

A healthcare professional will usually begin by asking when you noticed the lump, whether it has changed, and whether you have pain, discharge, bleeding, or urinary symptoms.

During a pelvic examination, they may inspect the vulva and vagina and gently feel the lump. A speculum, an instrument that holds the vaginal walls apart, may be used to see its location and surface. The cyst's position, texture, and relationship to the urethra can help identify its likely type.

A typical, symptom-free cyst may not need further testing. If the diagnosis is uncertain, tests may include:

Testing may be more important when a lump is solid, irregular, bleeding, growing, or newly found after menopause. These features do not prove that it is cancer, but they should not be assumed to be a simple cyst.

- Ultrasound , which uses sound waves to show whether a lump contains fluid
- MRI , which provides detailed images of the vagina and nearby organs
- Cystoscopy , which uses a small camera to inspect the urethra and bladder
- Biopsy or removal , allowing tissue to be examined under a microscope

Treatment and management

A small vaginal cyst that has a typical appearance and causes no symptoms may only need observation. Routine follow-up allows you and your healthcare professional to notice any change in its size or symptoms.

Treatment may be considered when a cyst is painful, growing, repeatedly infected, interfering with sex or tampon use, or causing urinary problems. The approach is based on its type and location.

Surgical removal can treat many symptomatic vaginal cysts. The procedure may involve removing the whole cyst or opening it in a way that allows ongoing drainage. Removed tissue is often sent to a laboratory to confirm what it is.

Cysts close to the bladder, urethra, or rectum may require imaging and treatment by a clinician with experience in pelvic or urinary surgery. This helps limit injury to nearby structures.

An infected cyst or abscess-a pocket of pus-may need drainage. Antibiotics like amoxicillin or doxycycline are used in selected cases, such as when there is surrounding skin infection or another reason to suspect bacterial infection. They are not needed for every cyst.

A Bartholin cyst has its own treatment options. These may include drainage with a temporary catheter or creating a lasting drainage opening. Simply puncturing or squeezing a cyst at home can cause pain, bleeding, infection, or recurrence and should be avoided.

Treatment has possible risks, including bleeding, infection, scarring, pain, and the cyst returning. Your clinician can explain how these risks apply to the cyst's location and the planned procedure.

Complications

Most vaginal cysts remain harmless. Possible complications include:

Cancer arising in a vaginal cyst is unusual. However, not every vaginal lump is a cyst. A persistent, solid, ulcerated, bleeding, or rapidly changing lump needs assessment to rule out other conditions.

- Infection or formation of an abscess
- Increasing discomfort during sex or physical activity
- Difficulty urinating or emptying the bladder
- Recurrence after drainage or removal
- Bleeding, infection, or nearby tissue injury after surgery

Prevention

Many vaginal cysts cannot be prevented. Gartner duct and Müllerian cysts come from developmental tissue that formed before birth. Inclusion cysts can occur after necessary childbirth or pelvic procedures, even when care is appropriate.

There is no proven hygiene routine, product, or diet that prevents vaginal cysts. Avoid putting

needles, sharp objects, or unapproved substances into a lump. Trying to drain it yourself can cause infection and make diagnosis more difficult.

If you have had a cyst treated, attend any recommended follow-up. Report new swelling or returning symptoms rather than attempting to reopen the area.

Living with it and what to expect

A small, symptom-free cyst may stay the same size for months or years. It may never need treatment. Monitoring usually involves paying attention to changes and having it checked during routine care when advised.

Some cysts gradually become more noticeable, particularly after childbirth or if they become infected. Others may shrink or drain, although they can refill. The course cannot be predicted from symptoms alone.

If a cyst affects sex, tampons, exercise, or urination, you do not have to wait for severe symptoms before discussing treatment. Temporary changes, such as choosing another menstrual product or avoiding activities that cause pressure, may help while you are being assessed.

After surgical removal, many people return to their usual activities once healing is complete. Recovery time depends on the cyst's size, location, and the procedure used. You may need to avoid vaginal sex, tampons, and strenuous activity for a period specified by the surgical team.

A treated cyst can return, and a different cyst can develop later. A returning lump should be re-examined rather than assumed to be the same condition.

When to get medical help

Arrange a routine appointment if you notice a new vaginal or vulvar lump, even if it is painless. Assessment is also appropriate if a known cyst grows, keeps returning, or begins to interfere with sex, tampon use, exercise, or urination.

Seek prompt medical care if you develop:

Go to urgent or emergency care if you cannot pass urine, have severe bleeding, feel faint, or have rapidly worsening pain with fever or spreading redness. These symptoms may indicate significant infection, urinary blockage, or another problem requiring immediate care.

- Increasing pain, tenderness, redness, or swelling

- Fever or feeling generally unwell with a painful lump
- Pus or foul-smelling discharge
- Bleeding from the lump or unexplained vaginal bleeding
- New urinary leakage, repeated urinary infections, or difficulty urinating
- A solid, irregular, ulcerated, or rapidly changing lump
- Any new vaginal lump after menopause

Common questions

Can a vaginal cyst go away on its own?

Some small cysts may shrink or drain, while others remain unchanged. A cyst that causes no symptoms may only need monitoring. Do not squeeze or puncture it, because this can introduce infection and may not prevent it from refilling.

Is a vaginal cyst an STI?

Usually not. Most vaginal cysts result from blocked ducts, tissue trapped after an injury, or tissue left from development before birth. Some infections can cause genital lumps or abscesses, so an examination may be needed if the cause is unclear.

Are vaginal cysts cancerous?

Most are benign. However, a lump cannot always be identified by touch alone. A solid, irregular, bleeding, ulcerated, or growing mass may need imaging or a biopsy. New lumps after menopause should also be assessed.

Can I have sex with a vaginal cyst?

Sex is generally possible if it is comfortable and the cyst is not infected. Stop if you have pain, bleeding, or increasing swelling. After a procedure, follow the surgical team's instructions about when vaginal sex is safe to resume.

What is the difference between a vaginal cyst and a Bartholin cyst?

A vaginal cyst forms within or beneath the vaginal wall. A Bartholin cyst forms in a blocked gland beside the vaginal opening, on the vulva. The location and treatment can differ, so an examination is useful.

Will a vaginal cyst come back after removal?

Complete removal may cure an individual cyst, but recurrence is possible. A cyst may return if part of its lining remains, if it was drained rather than removed, or if the underlying duct stays

blocked. Any returning lump should be checked again.

Sources

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