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A CASE REPORT ON POST MENOPAUSAL VULVAL CYST- BARTHOLIN CYST : A RARE PRESENTATION

Dr Rita Ekka — Associate Professor, Department of Obsterics & Gynaecology, Kamineni Institute of Medical Sciences, Narketpally

Dr Kothakapu Poojasree — Junior Resident, Department of Obsterics & Gynaecology, Kamineni Institute of Medical Sciences, Narketpally

ABSTRACT

Background: Labial swellings in postmenopausal age group is uncommon and warrant careful evaluation to exclude malignancy. While Bartholin cysts are frequent in reproductive age, their occurrence after menopause is rare and clinically significant. **Case Presentation:** A 59-year-old P2L2 post menopausal woman presented with a painless swelling over the labia minora of one-year duration. The swelling was insidious in onset and gradually progressive, increasing from pea-sized to lemon-sized. There was no history of fever, discharge, pain, urinary complaints, systemic symptoms, trauma or weight changes. Local examination revealed a well-defined, cystic, non-tender swelling over the labia minora without signs of inflammation. Clinical diagnosis of a benign vulval cyst was made. Surgical excision was performed and histopathology confirmed a Bartholin cyst. **Conclusion:** Any labial swelling in postmenopausal women should be thoroughly evaluated due to the risk of malignancy. Complete excision with histopathological examination remains the gold standard for diagnosis and management.

KEYWORDS : Post Menopausal Cyst, Labial Swelling, Bartholin Cyst, Vulval Cyst, Vulval Malignancy

INTRODUCTION

Vulval swellings in postmenopausal women present a diagnostic challenge. The most common vulval cyst in reproductive age is a Bartholin gland cyst; however, its incidence decreases significantly after menopause due to glandular atrophy. In women above 40 years, particularly postmenopausal, any Bartholin gland enlargement must raise suspicion for malignancy. Bartholin gland carcinoma, though rare, accounts for approximately 2–7% of vulvar carcinomas.

Differential diagnoses for labial swellings include epidermoid cyst, lipoma, inclusion cyst, hidradenoma, vulval varicosities, and vulvar malignancy. Hence, detailed clinical evaluation and histopathological confirmation are essential.

Case Report

A 59-year-old P2L2 post hysterectomized woman, presented to the gynaecology outpatient department with complaints of swelling over the labia minora since one year.

Date of admission : 1/2/26

History of Present Illness:
The patient was apparently asymptomatic one year back when she noticed a small, pea-sized swelling over the labia minora. The swelling was insidious in onset and gradually progressive in size, attaining approximately lemon size at presentation.she feels discomfort while walking.

There was:
- No history of pain
- No fever
- No discharge from the swelling
- No aggravating or relieving factors
- No urinary complaints (burning micturition, urgency, frequency, post-void pain)
- No sudden weight gain or weight loss
- No h/o coital activity since 5 years

Obstetric History
- P2L2
- Both full-term normal vaginal deliveries

Menstrual History
- Attained menopause - 20 years back

Local Examination
Inspection revealed a solitary swelling over the labia minora measuring approximately 3*4cm in diameter. The overlying skin appeared normal without erythema or ulceration. skin pinchable, cystic in nature, nontender, fluctuation positive.

Palpation:
- Well-defined margins
- Cystic consistency
- Non-tender
- No local rise of temperature
- Not fixed to underlying structures
- No inguinal lymphadenopathy

Per speculum examination : cervix atrophied – normal, slit like os vagina healthy
Per vaginal examination : uterus anteverted, atrophied, bilateral fornices free, non tender

Provisional Diagnosis
Benign vulval cyst for evaluation.
Routine investigations(surgical profile)done – normal

MANAGEMENT

Considering the patient's age and presentation,risk of malignancy, complete surgical excision of the cyst was performed. 10ml brownish fluid aspirated from the cyst, which is non foul smelling and cyst wall excised sent for histopathological examination. The fluid aspirated sent for examination.

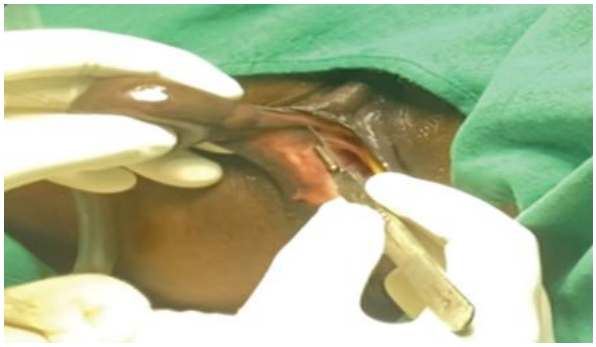

Figure 1: Intra Operative Picture

Histopathology Report

Figure 2: Cyst wall lined by transitional epithelium along with mucus glands

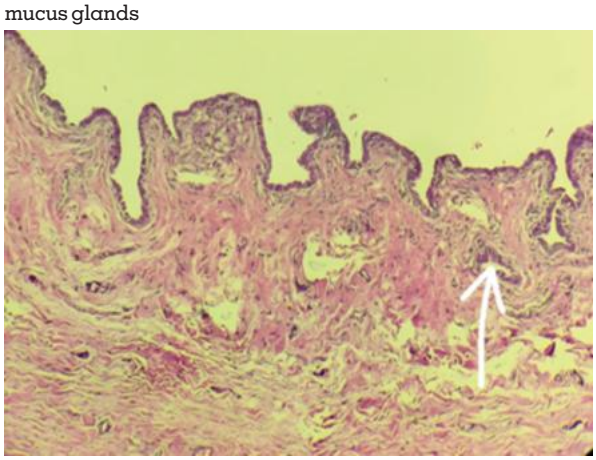

Figure 2: H & E Stained Photomicrograph 40x Magnification Showing Cyst Wall Lined By Transitional Epithelium Along With Mucus Glands Highlighted By Arrow

Figure 3: Cyst wall and dilated glands within the cyst

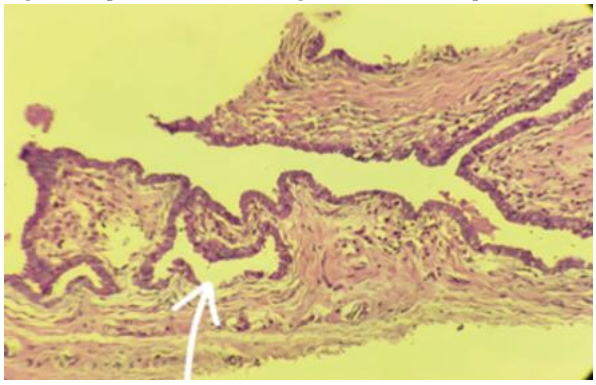

Figure 3: H & E Stained Photomicrograph 100x Magnification Showing Cyst Wall And Dilated Glands Within The Cyst Wall Highlighted By Arrow

Histopathology confirmed a Bartholin gland cyst

Cytology report:Cytological appearances are of Acute Suppurative Inflammation

Final Diagnosis : Benign Bartholin Gland Cyst

DISCUSSION

Bartholin glands are paired mucus-secreting glands situated at the posterolateral aspect of the vaginal introitus at the 4 o'clock and 8 o'clock positions. Obstruction of the Bartholin duct leads to accumulation of secretions and subsequent cyst formation. Bartholin gland cysts are among the most common vulval cystic lesions encountered in women of reproductive age; however, they are distinctly uncommon in post-menopausal women because of age-related glandular involution.

The clinical significance of a Bartholin gland mass in women above 40 years lies in the possibility of underlying malignancy. Although Bartholin gland carcinoma accounts for less than 5% of vulvar malignancies, delayed diagnosis may lead to significant morbidity. Therefore, any new Bartholin gland enlargement in postmenopausal women warrants careful evaluation and histopathological confirmation.

The present case involved a 59-year-old post-menopausal woman presenting with a gradually enlarging painless vulval swelling of one-year duration. The absence of pain, fever, discharge, ulceration, inguinal lymphadenopathy and constitutional symptoms suggested a benign pathology. Nevertheless, considering the patient's age and persistent unilateral mass, surgical excision was undertaken to exclude malignancy.

The differential diagnosis of vulval cystic lesions includes epidermoid cyst, sebaceous cyst, lipoma, hidradenoma papilliferum, vulval inclusion cyst, canal of Nuck cyst, vulval varicosities and vulvar carcinoma. Clinical examination may suggest the diagnosis; however, histopathological examination remains the gold standard for definitive diagnosis.

Histopathological evaluation in our patient demonstrated a cyst wall lined by transitional epithelium with associated mucus-secreting glands, confirming the diagnosis of a Bartholin gland cyst. Cytological examination revealed acute suppurative inflammation without evidence of malignancy. Similar findings have been reported in previous case reports where complete excision was performed in postmenopausal women because of the concern for occult carcinoma.

Current recommendations suggest complete excision rather than marsupialization in women older than 40 years. Excision not only provides definitive treatment but also permits thorough histopathological assessment of the lesion. Early surgical intervention minimizes recurrence and allows prompt identification of rare malignant transformations.

This case highlights the importance of maintaining a high index of suspicion when evaluating vulval swellings in postmenopausal women. Although benign Bartholin cysts are rare in this age group, they should remain an important differential diagnosis. Complete surgical excision with histopathological examination remains the cornerstone of management and ensures exclusion of malignancy.

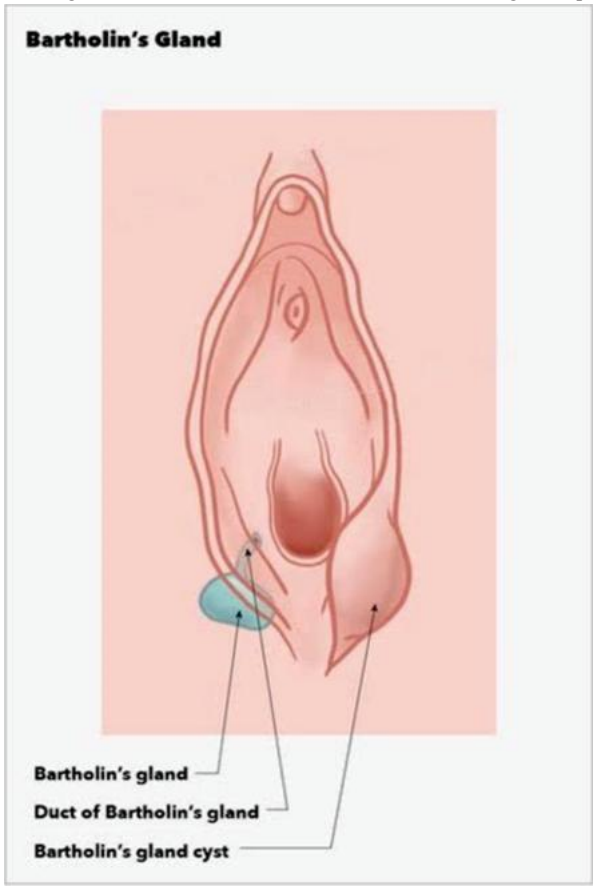

Figure 4. Bartholin's Gland

In postmenopausal women, any Bartholin gland enlargement must be considered malignant until proven otherwise. Bartholin gland carcinoma is rare but carries significant morbidity. Risk factors include age above 40 years and persistent unilateral mass.

The absence of pain and inflammatory signs in this patient suggests a chronic non-infected cyst. The gradual increase in size over one year without systemic symptoms further supports a benign pathology.

Differential diagnosis include:
- Epidermoid cyst
- Lipoma
- Hidradenoma
- Vulvar inclusion cyst
- Vulvar carcinoma

This case highlights the importance of vigilance when evaluating vulval swellings in postmenopausal women and emphasizes the role of complete excision with histo-pathological confirmation.

CONCLUSION

Labial swellings in post menopausal age group women require careful evaluation due to the potential risk of malignancy. Although benign Bartholin cysts are rare in this age group, they can occur. Complete excision and histopathological examination remain essential for definitive diagnosis and safe management.

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