ORIGINAL RESEARCH PAPER
Volume - 13 | Issue - 12 | December - 2024 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

HUGE BARTHOLIN'S GLAND ABSCESS:- CASE REPORT

Obstetrics & Gynaecology

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ABSTRACT

Bartholin's gland cysts and abscesses result from obstruction or infection of the gland ducts, leading to swelling, pain, and, in abscess cases, inflammation and pus collection. Symptoms include labial swelling, redness, pain with movement or sexual activity, and, in some cases, fever. Common bacterial causes include E. coli, Chlamydia trachomatis, and Neisseria gonorrhoeae. Treatments depend on severity and include sitz baths, antibiotics, incision and drainage, marsupialization, or catheter placement. Recurrence rates are highest with simple incision and drainage and lowest with combined drainage and silver nitrate treatment. Bartholin's gland carcinoma is rare but should be suspected in women over 40 presenting with firm, irregular, painless masses. Early biopsy and histopathological evaluation are crucial for diagnosis and management. Practicing safe sex and monitoring for STIs can help prevent infections leading to abscess formation.

KEYWORDS

INTRODUCTION:

The Bartholin's glands are located on each side of the vaginal opening. These glands secrete fluid that helps lubricate the vagina.Sometimes the openings of these glands become obstructed, causing fluid to back up into the gland. The result is relatively painless swelling called a Bartholin's cyst. If the fluid within the cyst becomes infected, you may develop a collection of pus surrounded by inflamed tissue (abscess).A Bartholin's cyst or abscess is common. Treatment of a Bartholin's cyst depends on the size of the cyst, how painful the cyst is and whether the cyst is infected.

Incidence:-

Bartholin's abscess was localized on the right side in 48.4% of the patients and on the left side in 51.6% of the patients. Recurrence was detected in 53 of 155 patients included. Recurrence was detected in 39.6% of the patients who underwent incision drainage in the first treatment, 31.8% of those who underwent marsupialization, and 9.1% of those who underwent incision + silver nitrate.

Bartholin's gland carcinoma (BGC) accounts for approximately 5% of all vulval malignancies—making it an extremely rare malignancy of the female genital tract. It commonly manifests as a painless unilateral mass, near the introitus.

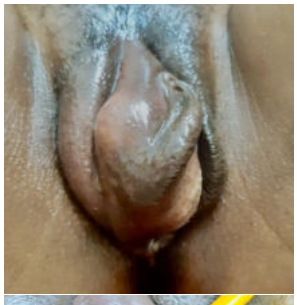
Case Detail:-

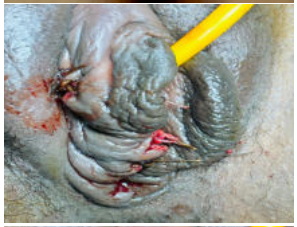
A 26 year-old female, Married since 6 months, Nulligravida ,reported to the St. George's Hospital, Casualty with complaints of Labial Swelling since 6 days.

On examination, patient was tachycardic with a heart rate of 106 beats/minute, blood pressure was 110/70 mm of Hg .On per abdominal examination, abdomen was soft and there were no signs of guarding, tenderness, rigidity. A per speculum examination and per vaginal examination could not be done due to large labial painful swelling on right side. On detailed questioning, the patient stated that she had swelling on genital area which was insidious in onset associated with pain and progressively increasing in size since then. For which patient went to private practitioner where she was examined and medicines were given (C.augmentin) and (inj chymeheal) but patient did not get relief even after 2 days of taking medicines then she went to gynaec practitioner where she she advised to go to private hospital for incision and drainage.

Patient Also Given Medicines T. Cefpodoxime.

After this also when the patient did not get relief , and the patient came to SGH casualty with swelling over rt labia.





Post Operative Pictures

All pre-procedure workup was done. and posted for emergency Incision and drainage. L/E:- 10*8*8 CM swelling seen over the right labia with signs of inflammation.

Incision of 2-3 cm taken on inner aspect of labia minora at highest point of fluctuation.

Collected pus drain out Sample sent for culture and sensitivity Cavity exposed for loculations and cyst pus filled with cavities, all pus drained out, Cavity cleaned with betadine solution.

Infected Edges incised. abscess cavity closed with catgut no 1 intermittent sutures.

Cavity left for spontaneous drainage Betadine and local antibiotic ointment applied.

Tight bandage applied. Daily BD dressing done.

Patient feels better, pain decreases and she was discharged after 10 days of full days observation post the procedure.

The patient was asked to follow up one week after discharge, patient was asymptomatic at all at the time of discharge.

DISCUSSION:

There is a Bartholin's gland at each side of the entrance to the vagina. During sexual arousal these glands produce lubrication that enters the vagina through a small duct (tube) from each gland. If the duct becomes blocked, the gland can fill with mucus and a cyst (a fluid-filled lump) can occur. An abscess can occur if the gland or cyst becomes infected.

Several different types of bacteria can cause an infection that blocks the duct. Some types of bacteria are passed on through sexual contact while others are found normally on the skin and can cause an infection without sexual contact.

Viruses Causing Bartholin's Abscess:

Human papillomavirus (HPV) is the most prevalent sexually transmitted infection in the world, occurring at some point in up to 75% of sexually active women. Bacteria that may cause a Bartholin's Abscess include:

- **Gonococcus:** Usually responsible for gonorrhoea (a sexually transmitted infection.
- **Chlamydia Trachomatis:** Usually responsible for chlamydia (a sexually transmitted infection).
- **Escherichia Coli Streptococcus Pneumoniae Haemophilus Influenza:** Therefore, while infections may be caused by bacteria which are usually found on your skin, we suggest that all individuals who have had a Bartholin's abscess, should consider having a check for sexually transmitted infections once the abscess has got better at a genitourinary medicine clinic.

Symptoms May Include:

- A tender lump on either side of the vaginal opening
- Swelling and redness
- Pain with sitting or walking
- Fever, in people with low immunity
- Pain during sexual intercourse
- Vaginal discharge
- Vaginal pressure

Treatment:-

- Sitz baths for mild symptoms
- For abscesses, incision and drainage
- Word catheterisation:-placement of a catheter for drainage
- Malsupalisation
- Surgery for more severe symptoms and for all cysts in women > 40
- Cryoabalation

When to Suspect CARCINOMA.

- Bartholin gland involution occurs by 30 years of age
- Hence enlargement occurring after 40 years of age should raise suspicion for malignancy
- Particularly if the gland is firm, fixed, or irregularly shaped and painless
- First detection of sentinel node may lead to diagnosis of adenocarcinoma of Bartholin's gland
- Diagnosis established by histopathological examination.
- Drainage and biopsy - to eliminate a biopsy is recommended over excision
- When malignancy suspected, diagnostic criteria :
- The tumor must be primarily located in the labia
- The surrounding skin must remain undamaged,
- There must be at least a small amount of glandular epithelium
- Metastatic disease is likely due to the vulva's extensive vascular and lymphatic network Early recognition is important because of the risk of local invasion and metastasis.

One study of 33 patients reported a significantly higher incidence amongst African Americans; but did not identify any association with smoking status or BMI. Whilst some suggest BGC may be a sequelae of previous infection, in the majority of cases there is no pre-existing history of Bartholin gland disorders. The squamous cell subtype has, however, been linked to Human Papilloma Virus (HPV).

The viral E6 and E7 oncoproteins are necessary for malignant conversion. The abilities of high-risk HPV E6 and E7 proteins to associate with the tumor suppressors p53 and pRB, respectively, have been suggested as a mechanism by which these viral proteins induce tumors

A number of bacteria can cause a Bartholin's cyst and you may not be able to avoid being exposed to all of them. Some of these bacteria are also responsible for sexually transmitted infections (STIs), such as gonorrhoea and chlamydia. You can protect yourself against these infections by practising safer sex. If you are sexually active, having safe sex gives you and your partner the best protection against STIs.

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