



A CASE OF GIANT BARTHOLIN CYST

Obstetrics & Gynaecology

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ABSTRACT

Introduction: Bartholin gland cyst are one of the common valvul masses that may start as asymptomatic cysts but if left untreated, may become large and infected requiring medical attention. **Case Report:** A 39 yr old presented with complaints of swelling in the right labial region since last 3 months painless to begin & gradually increased in size. Clinical examination revealed solitary, mobile, cystic, swelling, of size 7*8*4 cm Her laboratory reports were within normal limits. We performed complete removal of mass Histological analysis confirmed a large benign Bartholin's duct cyst without acute infections. **Discussion:** Bartholin cyst is one of the most common cause of cyst presenting in vulvovaginal region. **Conclusion:** Management modality may be altered from that of normal presentation according to the amount of discomfort and the size of the mass.

KEYWORDS

Bartholin cyst (BC), Magnetic resonance imaging (MRI)

INTRODUCTION

- Bartholin's glands are compound racemose glands lined by columnar epithelium.
- Each gland is oval shaped and measures on an average 0.5cm. A 2 cm long efferent duct connects each gland to the posterior lateral aspect of vaginal orifice.¹
- Their function is to secrete alkaline mucous secretion for lubrication.
- The most common type of Bartholin gland masses are cysts or abscesses.
- Cystic dilatation of duct up to size around 1 to 3 cm is known following blockage of duct orifice due to trauma or infection.
- Secondary infection leading to abscess are more common.

CASE REPORT

- A 39 year old patient came with complaint of swelling in right labial region since last 3 months.
- It was small & painless to begin with and gradually increased in size.
- She had difficulty in walking and sitting.
- Clinical examination revealed solitary cystic, mobile swelling of size 7x8x4 cm on right labium majus extending laterally till labio-crunal fold.
- Her MRI report revealed, well defined thin large cystic lesion noted in right superficial perineal space appears hypointense on T1w, bright on T2 & STIR.
- It measures 58mm*80mm*69mm. Lesion is lying on right side of vagina & anal canal & extending laterally till labio-crunal fold. Lesion is superficial to levator ani muscle.



Large Bartholin-cyst

Vertical incision of about 6 cm was taken from upper pole to lower pole of cyst.

- Cyst was enucleated with blunt & sharp dissection & taking care not to open the cyst wall.
- The whole of cyst was removed & perineal douching was done with normal saline.
- The connective tissue of cyst bed was approximated with interrupted sutures & skin was approximated with continuous running sutures.



Bartholin Cyst Being Enucleated

DISCUSSION

- In patient with only Bartholin cyst (BC), the cyst wall is not adherent with surrounding tissue and such a cyst can be easily enucleated without much difficulty.
- So enucleation is the preferred option of treatment but in some patients with history of recurrent infection and abscess formation such enucleation procedure may not be possible.
- Complete removal of glandular tissue is not possible and if wound is closed after incision and drainage it will lead to recurrent infection and abscess formation.
- For such patients marsupialization is the answer. In marsupialization the skin and cyst wall are incised and sutured to each other circumferentially after drainage of infected material.
- So that wound is kept open to drain the infected secretion and later wall gets epithelized.
- Enucleation in our patient needed large dissection deep into the perineum reaching up to ischio-rectal fossa because of unusually large size of cyst.
- One needs to be cautious about bleeding as well as leaving glandular tissue behind inadvertently.



CONCLUSION

- Bartholin gland cyst amount for approximately 2% of gynecological visit every year.²
- Though Bartholin cyst presents as a small vulvar mass, a giant cysts are uncommon.
- Management modality may be altered from that of a normal presentation according to the amount of discomfort it causes to the patient and also the size of mass.
- The case was successfully treated by excision of the cyst and histopathological examination after complete excision.

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