## CASE REPORT

# A rare case report on neglected bartholins abscess presenting as large infralevator encysted pelvic abscess

[1]Dr. Ruby Bhatia, [2]Dr. Bhavya Burlakanti, [3]Dr. Suroju Kavya, [4]Dr. Sahira Sherbir, [5]Dr. Dandamudi Taranya Chowdary, [6]Dr. Sukhbir Pal kaur

[1]HOD & Professor, [2,3,4,5]PG JR-3, [6]Associate Professor, Department of Obstetrics & Gynaecology, MMIMSR, Mullana, Ambala, Haryana, India

**Corresponding Author**
Dr. Ruby Bhatia
HOD & Professor, Department of Obstetrics & Gynaecology, MMIMSR, Mullana, Ambala, Haryana, India
**Email:** rubybhatia401@gmail.com

Received: 11 February, 2023 Accepted: 15 March, 2023

**ABSTRACT**
The Bartholin gland is the major vestibular gland situated deeply within the posterior parts of the labia majora. Bartholin's cyst generally presents as swelling or mass at the vulva. Contrary to the usual presentation, A 22-year unmarried female came to our out-patient Department of Obstetrics and Gynecology, MMIMSR, a tertiary care hospital, with Severe throbbing pain on the left side of the perineal area, associated with massive Swelling of the perineum and inability to sit or walk due to pain since 10 days. On local examination - A big tense 10 x 12 cm swelling with tenderness extending from the fourchette to the left ischiorectal fossa inferiorly and left labia majora superiorly with exudation of pus from the Bartholin gland opening. Marsupialization& Drainage of ruptured infra levator Bartholin's abscess done under saddle block anesthesia. Intraoperatively, ~ 300ml pus was drainedand the space closed with interrupted catgut sutures. Drain kept in situ for 1 week. The Cyst wall was excised completely. Foul-smelling yellowish pus was sent for culture & sensitivity. Histopathology report – suggestive of BARTHOLIN GLAND ABSCESS. Accurate early diagnosis in time and marsupalisation of abscess is advocated to prevent rupture and further complications.



## INTRODUCTION

Symptomatic Bartholin cysts and abscesses account for 2 percent of all gynecologic visits per year. Bartholin gland is the major vestibular gland situated deeply within the posterior parts of the labia majora. The bartholin gland opens in the introitus with a duct of 1.5 to 2 cm length. Occlusion of the duct due to infection or non-infectious reasons can cause mucus accumulation and cyst formation. The prevalence of Bartholin cyst, is estimated approximately 2%. Bartholin's cyst generally presents as swelling or mass at vulva. Anterior vaginal wall cysts are by and large considered as remnants of mullerian duct and do not have hemorrhagic contents.[1-4] Contrary to the usual presentation, Bartholin abscess in our case presented as LARGE INFRALEVATOR ENCYSTED PELVIC ABSCESS.

## CASE REPORT

A 22 year unmarried female came to our outpatient department of Obstetrics and Gynecology, a tertiary care hospital , with Severe throbbing pain on left side of perineal area , pain aggravated with movements, radiating to left thigh since 10 days, associated with massive Swelling of perineum and inability to sit or walk due to pain since 10 days. Also associated with high grade fever ~102 F.

On local examination - A big tense 10 x 12 cm swelling with tenderness extending from fourchette to left ischiorectal fossa inferiorly and left labia majora superiorly with exudation of pus from Bartholin gland opening.

## INVESTIGATIONS

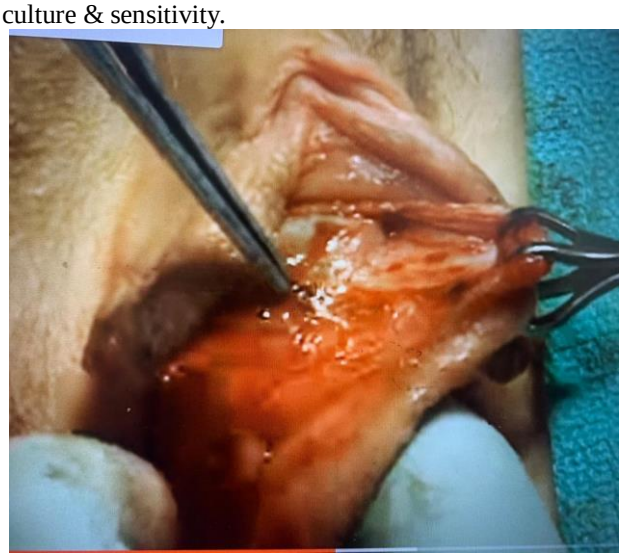
HB-10.1, TLC- 15.86, PLT- 254, PT- 11.1, INR- 1.03, TSH -1.52 , RFT & LFT-WNL
HIV/HBSAG/HCV/VDRL- NR
Blood group- B positive

## TREATMENT

MARSUPALISATION & DRAINAGE of ruptured infralevatorbartholins abscess done under saddle blockanesthesia.Intraoperatively, ~ 300ml pus was drainedand space closed with interrupted catgut

sutures. Drain kept in situ for 1 week. Cyst wall was excised completely& sent for HPE. Foul smelling yellowish pus was sent for culture & sensitivity.

Histopathology report cofirmed the BARTHOLIN GLAND ABSCESS.



## DIFFERENTIAL DIAGNOSIS

Several labia and vaginal lesions can imitate Bartholin's gland diseases. In such situations, differential diagnosis include different types of cysts (inclusion, Gartner, Skene's, sebaceous, vestibular mucosa), leiomyoma, fibroma, hernia, hidradenoma, hematomas, lipomas, endometriosis, folliculitis, hidradenitis suppurativa, chancroid, gonorrhea, syphilis, vaginitis, warts or Bartholin's gland cyst, abscess or cancer .

## COMPLICATIONS

Spread of infection, dyspareunia, sepsis, risk of recurrence of bartholins abscess.[5]

## POSTROPERATIVE MANAGEMENT

Patient was kept on Inj clindamycin & inj Gentamicin for 1 week along with Sitz baths . Early ambulation and consumption of an ample amount of water were also recommended.

Patient was discharged on 7$^{th}$ postoperative day and was followed up after 1 year.

## CONCLUSION

Symptomatic Bartholin’s gland cyst and abscess cause significant morbidity for the sufferers and decreased quality of life. Accurate early diagnosis in timeand marsupalisationof abscess is advocated to prevent rupture and further complications.

## REFERENCES

1. Soydinç HE, Sak ME, Evsen MS, Çaça FN. Heterotopically located Bartholin’s Cyst. Eur J Gen Med. 2012;9(Suppl 1):36-8.
2. Wilkinson E J, Stone IK. Atlas of vulvar disease. 5$^{th}$ed. Baltimore: Williams & Wilkins, 1995:11-5
3. Omole F, Kelsey RC, Phillips K, Cunningham K. Bartholin Duct Cyst and Gland Abscess: Office Management. Am Fam Physician. 2019;99(12):760-766.
4. Wechter ME, Wu JM, Marzano D, Haefner H. Management of Bartholin duct cysts and abscesses: a systematic review. *ObstetGynecolSurv*. 2009;64:395–404.
5. Marzano DA, Haefner HK. The Bartholin Gland Cyst: Past, Present, and Future. J Low Genit Tract Dis 2004;8:195–204.