

## **Bartholin glands disorders (Bartholin cyst / Bartholin abscess)**

The Bartholin gland is located on either side of the vaginal opening, on the inner aspect at about 5 and 7 o'clock position. The glands secrete a fluid (mucus) that keeps the vagina moist and helps lubricate the vaginal area during sexual activity. The gland is not visible or palpable unless it is swollen.

*Common disorders of the Bartholin glands are:*

- Bartholin cyst – this is a swelling of the area at the Bartholin gland, usually due to a blocked duct. The obstruction results in the accumulation of glandular secretion and cystic dilation of the duct. This usually occurs on one side. Sometimes, both sides can form cysts at the same time but is uncommon. It can vary from a small pea to a large egg-like size.
- Bartholin abscess - Bartholin abscess is an infection of the Bartholin gland, with a collection of pus.

**Causes of Bartholin cyst and abscess** - causes include infection; congenital causes and trauma such as a laceration or after episiotomy.

### **Symptoms and signs**

- Bartholinitis – the common symptom is usually pain, especially during intercourse. There will be redness and tenderness over the area. Swelling is usually minimal.
- Bartholin cyst - the cyst, as opposed to the abscess, is generally not painful. Depending on the size of the cyst, some women may not be aware of the cyst at all. Large cysts may cause discomfort or pain and are easily palpable. The examination will reveal a cystic, unilateral (usually), non-tender mass. The cyst may burst and the discharge may be clear, cloudy, or yellow in colour.
- Bartholin abscess - most abscesses develop over a period of a few days. The collection of pus inside the swelling will cause pain. The pain can be severe enough to interfere with walking, sitting or intercourse. In severe cases, there may be fever and a feeling of unwell. The skin around the opening of the gland may be red and swollen. The abscess is usually hot, swollen, and tender. If ruptured, pus discharge will be seen. The inguinal lymph node may be swollen and the area will be painful.

### **Diagnosis**

The diagnosis is obvious, with the presence of a swelling in the lower half of the labia corresponding to the area of the Bartholin gland. The size varies from 1 cm to a few centimetres.

### **Investigation**

Specimens for cultures and sensitivity testing should be obtained from all draining cysts to help identify the organisms and to guide appropriate antibiotic therapy.

### **Treatment**

- Bartholinitis – needs antibiotics therapy.
- Bartholin cyst- if the cyst is small, it can be left alone since there is a possible chance that the cyst may resolve when the duct becomes unblocked. If the cyst is large or causes symptoms, then a surgical procedure is required. This usually involves opening the cyst wall, removing the content and then placing a few absorbable sutures at the opening to keep the cyst open to drain the remaining contents. This is called

marsupialization procedure and preserves the function of the gland. This is usually done in the operating theatre.

- Bartholin abscess – surgical drainage is required for relief. Sometimes spontaneous rupture of the abscess may occur but recurrence is higher in such instances. The procedure is marsupialization, similar to the cyst. Antibiotics is usually given.

*Post marsupialization advise:*

- Avoid intercourse or use of tampons for 3 to 4 weeks. The wound usually takes 2 to 3 weeks to heal.
- Soaking in warm water is helpful. Sitz baths (two to three times a day) can ease discomfort, promote drainage of the cyst fluid and aid the healing process. Alternatively, applying a warm compress to the area several times a day can be helpful.
- Treatment in the acute phase should consist of bed rest and medication to relieve pain.
- Most women feel better within 24 hours after a Bartholin's abscess has drained.

### **Outcome**

The outcome is excellent. There is usually no lasting effect from it if adequately treated. You should be able to resume your daily activities after 24 to 48 hours. However, recurrence of cysts or abscessed is still possible in some women.

### **Complications of Bartholin gland infection**

- Persistent chronic inflammation may cause blockage of the duct and leads to cyst formation.
- Although complications after marsupialisation are rare, they can include: approximately 5 to 15 percent of Bartholin's cysts or abscesses recur after marsupialization. Rarely, there may be bleeding, hematoma (blood collection), infection and dyspareunia (painful sex)

### **Prevention**

There is no proven effective method to prevent Bartholin cysts or abscess. It is important to maintain good personal hygiene and practice safe sexual practices using adequate precautionary methods to reduce the chance of infection or trauma to the area. The use of lubricant during sexual activity can help reduce friction and prevent irritation or trauma to these areas. Avoid using harsh soaps or douches as these can disrupt the natural balance of the area around the vaginal opening.

### **Disclaimer**

This is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis, or treatment. It is important for readers to seek proper medical advice when necessary.

Dr Lee Say Fatt (Consultant Gynaecologist)

Subang Jaya Medical Centre

[www.obgyn.com.my](http://www.obgyn.com.my)

www.obgyn.my