

An unusual case of a huge vulval swelling

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ABSTRACT

Large vulval swellings are rarely encountered in gynaecological practice. These swellings may be cystic or solid benign masses. Large vulval tumours are uncommon. Bartholin's gland cyst or abscess presents as vulval swelling and is usually small in size. Large swellings are unusual. We report the case of a 44-year-old unmarried lady who presented with a large painless and firm cystic swelling of the vulva of one year duration without any constitutional symptoms. The cyst was excised and was confirmed to be a chronic infective Bartholin's cyst.

Keywords: Bartholin's cyst, Bartholin's abscess, marsupialisation, vulval swelling, word catheter

INTRODUCTION

Large vulval swellings are rarely seen in the Gynaecological Outpatient Department. ¹ However when present, they may be cystic or solid masses. A definite diagnosis requires histopathological examination. ² Cystic swellings are mostly Bartholin's gland cyst, epidermal inclusion cyst, cyst of the canal of Nuck and Skene's duct cyst. Solid lesions can be fibroma, lipoma, leiomyomas or squamous cell carcinoma. Fibroma is a benign solid lesion of the vulva that is typically seen in pre-pubertal girls presenting as a painless swelling over couple of years and diagnosis is confirmed by histopathology. ³ Lipoma is a well demarcated or pedunculated mass that is non adherent to overlying skin. Genital elephantiasis

from filariasis and lymphogranuloma, are extremely rare with incidence of not more than 1-2% and are usually associated with constitutional symptoms. ⁴ Vulval haematoma is a painful vulval swelling consequent to straddle injury.

Bartholin's duct cyst is the most common cystic growth of the vulva and should be differentiated from other vulva masses. ⁵⁻⁷ Approximately 2% of women will develop a Bartholin's duct cyst or gland abscess in their lifetime and this frequently occurs between the age of 20 and 29. ⁸ They rarely present as huge vulval swelling.

CASE REPORT

A 44-year-old unmarried lady presented with a gradually increasing painless right sided vulval swelling of one year duration. This was

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associated with discomfort and a dragging sensation in the perineum. She denied any history of vulval itching, fever, swelling of feet or local trauma.

She had her menarche at age of 12 years with regular cycles and average flow for 5-6 days after every 28 days with no associated dysmenorrhoea. She had a history of mild mitral regurgitation in childhood but was not currently on treatment. There was no history of allergy.

Her general physical and systemic examination was unremarkable with no lymphadenopathy or visceromegaly. Local examination showed a large vulval swelling on the right side between the clitoral skin and the fourchette. It was elliptical (15 x 15 cm), cystic to firm in nature, non-fluctuating and non-reducible with no audible bruit. The swelling was mobile sideways with the overlying skin taught with no engorgement of veins or lymphatics. The left labium was normal and no discharge noticed per vaginum (Figure 1a).

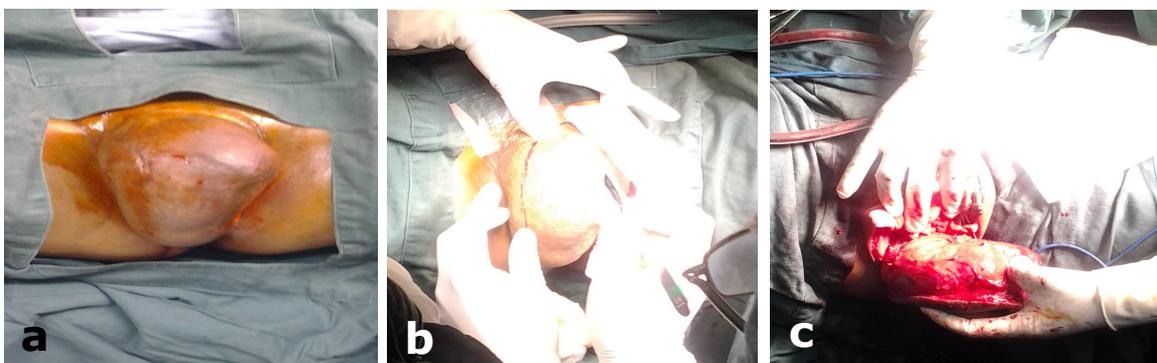
Routine laboratory investigations that included full blood count, fasting blood sugar, liver and renal profiles were all normal. Echocardiograph was also normal. Ultrasonogra-

phy of the swelling showed it to be a hypoechoic cystic lesion in subcutaneous plane with internal echoes and no abnormal vascularity.

The patient proceeded to examination under general anaesthesia before excision of the mass. An elliptical incision (Figure 1b) was made and dissection was done on either sides of the lesion with uncomplicated removal of the swelling (Figure 1c). The dead space was obliterated with purse string sutures and a drain was inserted. The post-operative recovery was uneventful with good healing of the operated area. Histopathological examination revealed the lesion to be a chronically infected Bartholin's cyst. The patient had good symptomatic relief and was very satisfied with normally restored vulval anatomy.

DISCUSSION

Bartholin's glands (greater vestibular gland) develop from buds in the epithelium of the posterior area of the vestibule. They are of pea size and lie at the base of each vestibular bulb. They open through a two cm duct into the vestibule between the hymen and the labia minora. Bartholin's glands secrete copious amount of mucus which acts as lubricant during sexual intercourse.⁹ Ductal obstruction



Figs. 1: a) Examination under anaesthesia showing a huge vulval swelling, b) elliptical incision over swelling, and c) removal of the cyst.

struction results in retention of the secretions and formation of the Bartholin's duct cyst. It is the most common cystic lesion.^{10, 11} They can grow from the size of a penny to almond size but rarely reach the size of a golf ball. The cyst can get infected leading to Bartholin's abscess which presents three times more commonly than the cyst. The abscess is typically polymicrobial with anaerobes as the most common pathogens. *Neisseria gonorrhoea* is the predominant aerobic isolate. *Chlamydia trachomatis* may also be a causative organism. Despite the organisms involved, Bartholin's abscess is not considered as a sexually transmitted infection.

The asymptomatic cyst may not require any treatment.¹² Symptomatic cysts and abscesses, especially if they are large require drainage and can be managed by either marsupialisation, placement of a Word catheter, application of silver nitrate, or surgical excision.

Incisional drainage and marsupialisation is the treatment of choice whereas placement of a Word catheter is used in some centres.² The risk of recurrence ranges between 5 and 15% after marsupialisation.¹³ Dyspareunia, haematoma formation and infection are reported complications of this procedure.⁵ Treatment with a Word catheter involves placing an inch of the catheter (usually 10 French) into the lesion after a small incision under local anaesthetic. The balloon is inflated with three ml of saline and this is kept in situ for 4-6 weeks until epithelialisation has occurred. However, the catheter may be expelled before complete epithelialisation of the cyst wall leading to recurrence of the cyst or abscess. Therefore, newer techniques

like the use of a small loop of plastic tubing that allow continuous drainage of the cyst can be an alternative to the Word catheter method.¹⁴ There are studies comparing marsupialisation and silver nitrate application for the treatment of Bartholin's gland cyst and abscess concluding equal efficacy of both methods. However, silver nitrate application results in good healing with minimal scar tissue formation.¹⁵ Surgical excision is required for patient unresponsive to conservative treatment but in the absence of active infection.^{5, 10}

In conclusion, our case highlights an uncommon case of a massive Bartholin's cyst that had been increasing in size over a year and was successfully resected with good cosmetic result.

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