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"Successful Management Of A Bartholin Gland Cyst With Marsupialization: -A Case Report"

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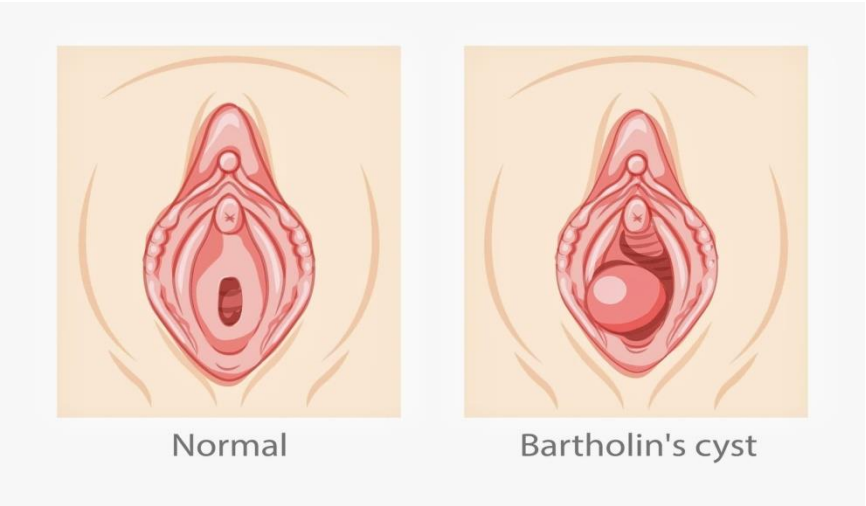
ABSTRACT:

A 32-year-old woman presented to the Obstetrics and Gynaecology department with a 3-week history of progressively enlarging, painful swelling in the left vulvar region, causing difficulty in walking and sitting, along with fever but no other systemic symptoms. Her medical history was unremarkable, with no prior episodes of Bartholin cysts or sexually transmitted infections. An ultrasound, confirmed the presence of a fluid-filled cyst measuring about 4cm, ruling out solid masses or abscess formation. The patient underwent marsupialization under local anesthesia. The procedure involved making an incision to drain the cyst, suturing the cyst wall to the skin to create a permanent opening, followed by saline irrigation and application of antibiotic ointment to prevent infection. The patient was given intravenous antibiotics (Inj. Zonamax 1.5g BD) pre- and post-operatively, followed by oral antibiotics (amoxicillin-clavulanate). The patient was discharged with oral antibiotics, pain relievers, topical ointments, and instructions for perineal hygiene and sitz baths. The patient recovered without complications, and no recurrence was noted at the 2-week follow-up. Marsupialization proved to be an effective and minimally invasive treatment for the Bartholin cyst, offering relief and preventing recurrence.

Keywords: Bartholin Gland Cyst, Marsupialization, Vulvar Swelling, Surgical Treatment, Antibiotic Therapy, Sitz Baths, Case Report.

INTRODUCTION:

The Bartholin's glands, also known as the vestibular glands, are important structures within the female reproductive system. First described in the 17th century by Danish anatomist Casper Bartholin, these glands are primarily responsible for secreting mucus that ensures lubrication of the vaginal and vulvar areas. Despite their essential role, the Bartholin's glands are susceptible to infections and abscesses, which can lead to symptoms such as vestibular pain and dyspareunia. While bacterial infections are commonly associated with these conditions, other complications can lead to the formation of Bartholin's cysts, abscesses, or even malignancies. These glands are pea sized (0.5–1.0 cm) and are lined with columnar epitheliumThe glands are located bilaterally at 4 and 8 'o clock positions at the base of the labia minora [1, 2].

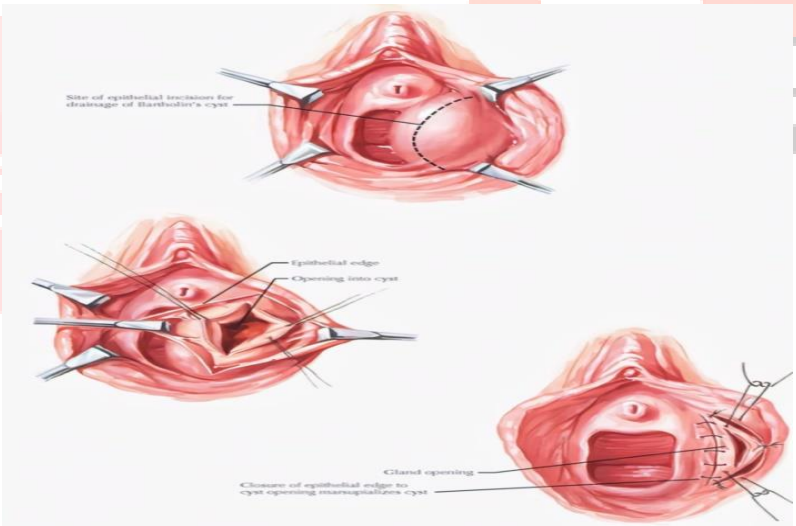


Treatment options for Bartholin gland cysts or abscesses include watchful waiting, sitz baths, antibiotics, Word catheter insertion, marsupialization, and gland excision(3).

Marsupialization is a surgical procedure that involves creating a window in the wall of a cyst, transforming it into a pouch by connecting the inner epithelial lining with the oral mucosa. This process reduces fluid pressure on the cyst's bony walls and allows the oral mucosa to grow into the cystic lumen(4).

Indications for marsupialization are as follows:

- History of recurrent Bartholin gland cysts or abscesses
- Significant patient pain or discomfort
- Failure of cyst resolution in a timely manner or with alternative treatments
- Patient declines or cannot tolerate Word catheter placement in an office setting(5)



CASE PRESENTATION:

A 32-year-old woman presented to the department of Obstetrics and Gynaecology with a 3-week history of a progressively enlarging painful swelling in the left vulvar region. She complaints difficulty walking and sitting, associated with fever and no other systemic symptoms. Her medical history was unremarkable, with no previous episodes of Bartholin cysts or sexually transmitted infections.

Physical Examination:

On examination, there was a 4 cm tender, fluctuant mass in the left labia majora, consistent with a Bartholin cyst. No signs of cellulitis or abscess formation were observed.

Investigations:

- CBC: Within Normal Limits

- Viral Markers: Negative

- Ultrasound of the vulva: Confirmed a fluid-filled cystic structure, ruling out solid masses or abscess.

Treatment:

Marsupialization was performed under local anesthesia. The procedure involved:

1. Incision of the cyst to drain its contents.

2. Suturing the cyst wall to the skin to create a permanent opening.

3. Saline irrigation to ensure no debris remained.

4. Application of antibiotic ointment to prevent secondary infection.

The patient was prescribed with IV antibiotics (Inj. Zonamax 1.5g BD) as a pre and post OP orders and then converted to oral antibiotics (amoxicillin-clavulanate) from day-3.

On Day-5, the patient was discharged with Tab. Augmentin (625mg BD), Tab. Pan (40mg OD), Tab. Zerodol SP (BD), Oint. Mupimet (L/A) for 5 days and was advised to maintain good perineal hygiene. Sitz baths were recommended to promote healing.

Outcome and Follow-up:

The patient reported significant symptom relief within 48 hours post-procedure. At the 2-week follow-up, the surgical site had healed well with no recurrence of the cyst

Discussion:

Marsupialization is a definitive treatment for recurrent or symptomatic Bartholin cysts. It prevents re-obstruction by creating a permanent duct opening, reducing recurrence rates significantly. Complications such as infection, bleeding, or recurrence are rare but should be monitored. In this case, the procedure was uncomplicated and resulted in excellent outcomes. Early intervention and proper post-operative care played critical roles in the patient's recovery.

Conclusion:

This case highlights the effectiveness of marsupialization for treating symptomatic Bartholin cysts. It remains a reliable, minimally invasive option with high success rates. Awareness among healthcare providers and patients is crucial to ensure timely management.

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