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CASE REPORT

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Encapsulated Hematoma of the Bartholin's Glandule

Petraq Mustaqe¹, Artemis Ibra², Georgios-Ioannis Verras³, Fotios Iliopoulos³, Levan Tchabashvili³, Konstantinos Tasios³, Vasileios Leivaditis⁴, Konstantinos Bouchagier³, Francesk Mulita³

¹Surgical Department, Regional Hospital of Vlore Albania

²Surgical Department, University Hospital of Tirana, Tirana, Albania

³Surgical Department, University Hospital of Patras, Patras, Greece

⁴Department of Cardiothoracic and Vascular Surgery, Westfalz-Klinikum, Kaiserslautern, Germany

Corresponding

author: Francesk Mulita, Department of Surgery, General University Hospital of Patras, Rio, 265 04 Patras Greece, Phone: +302613603300; Email: oknarfmulita@hotmail.com ORCID Id: <https://orcid.org/0000-0001-7198-2628>

ABSTRACT

Bartholin's glands are important organs of the female reproductive system. These glands have the function of producing an alkaline mucoid secretion, which helps in vaginal and vulvar lubrication. There are several types of lesions that can be identified in these anatomical structures, where in most cases presented for medical examination, cysts and abscesses predominate. This is the presentation of a clinical case of a 55-year-old patient, who is presented to the surgeon for her complaints. Once the woman is examined, diagnosed, and treated adequately, she is taken into consideration for presenting her case in this study, while maintaining confidentiality. The presented clinical case provides a clinical framework not easy to establish an accurate diagnosis of a Bartholin gland cyst. Careful physical examination by the surgeon and careful preparation with electrosurgery verified the cyst-hematoma left and just above the posterior fornix, where some material was taken from the cyst capsule and hematoma and sent for histological examination. The histological response concluded with cystic hematoma of the Bartholin gland. Cystic lesions of the vagina are relatively common and usually represent a benign condition. Ways of managing Bartholin gland cysts vary depending on the discomfort they bring to the patient as well as the size or even the anatomical extent of the cystic lesion. However, the physical examination, with a careful inspection by the surgeon, combined with the imaging examinations, requires a biopsy examination, which is the confirmation of the diagnosis.

Keywords: Bartholin gland cyst, vulvar lesions, Bartolini gland hematoma, vulvar abscess

1. INTRODUCTION

Bartholin's glandules area structure anatomical structure very important part of the female genital system, which were described for the first time in 1977 from a Danish anatomist CasparBartholin. These glanduleshave function on the production of an alkaline mucoid secretion, which helps on vaginal and vulvar lubrication. These glandules are located in the two sides of the external orifice of vagina. There are several types of lesions that can be identified in these anatomical structures, where in most cases presented for medical examination, cysts and abscesses predominate. Distal obstruction of the duct may result in retention of secretions, resulting in the formation of a cyst or abscess. These lesions, when are in cystic form, can be asymptomatic or can appear with pain, burning, dyspareunia, erythema or edema, as well cysts that are in greater size can affect also in sexual relationship of the woman or discomfort feeling while walking. Cysts usually are unilateral, and for consequence causing asymmetry of vulva. Whereas abscesses cause strong pain of the vulva, temperature and in some cases vaginal leak, in association with sexual transmission diseases [1]. Apart those two most frequent lesions, in Bartholin 's glands can be found tumoral lesions, especially in age over 40 years old, that's why in those cases is indicated surgical treatment and performing a biopsy, to make a differential diagnosis of malignancy. In diagnostic process of these glands lesions a crucial role has physical examination, followed by imaging examination, like ultrasound, CT- scanner or magnetic resonances [2,3]. Epidemiological evidences

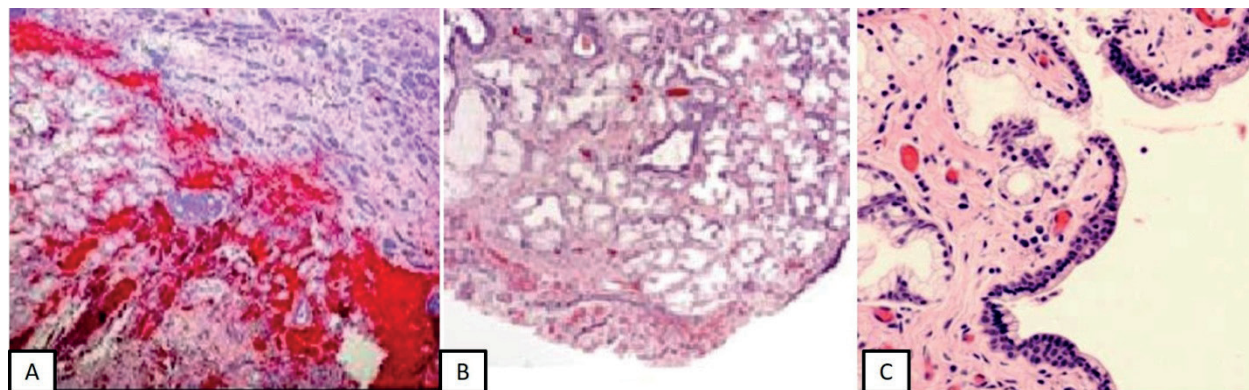


Figure 1. H&E-stained sections of the material show the presence of the cystic wall lined with multi-layered squamous and transitional epithelium and submucinous glands and areas with pronounced dyscyclic changes .

show that 2% of women can develop a Bartholin's cyst in a fixed moment of their life, where abscesses account for the majority of cases and constitute 3 times as many cases of cysts. Women that are sexually active have greater probability on developing these lesions.[4] Treatment of Bartholin's cysts has evolved from a complicated, profuse blood loss procedure requiring general anesthesia until recently to a simple puncture of the cyst and placement of a drain. Although treatments for Bartholin's gland cysts seem simple, they require experience and careful work from surgeon[5]. Such treatments through excision, fistulization, marsupialization, as well as carbon dioxide and silver nitrate laser cauterization are considered traditional methods. Modern variations, such as the use of hydrodissection for excision, are discussed today. Aspiration with age, incision and drainage, the two simplest procedures, have a risk for an increased rate of recurrence of cystic lesions [6].

2. OBJECTIVE

The aim of the study was to describe a severe case of cystic hematoma of the Bartholin gland

3. CASE PRESENTATION

The patient M.S., 55-year-old from Vlora presented to the clinic with complaints of a mass in the pelvic region projected on the left side near the posterior fornix. The patient reports that this is so annoying and complains of a slight pain during urination and coitus. It is afebrile, without local redness. It was examined several times sonographically and nothing significant was found, or more precisely, it was described without problems. A CT scan of the pelvis was done and nothing to emphasize. It was advised gynecological control several times but there wasn't any problem. Also, it was done urological consultation, but nothing was found. In inspection was not any nodus evidenced, in careful palpation from outside was created an impression of one soft lesion about 2cm without mobility, without any pain, without rash. In vaginal touch nothing to be marked. In understanding with the surgeon and in faith of doing a small screening incisional interjection or treatment, the patient on 2.8.2019 has performed the intervention. The patient had no other medical problem and with normally laboratory

analyses and examinations. In Tredelenburg position, was incised between the labia major and minor where estimated more close in lesion projection. With careful progress, with an electroscalpel it was verified a cyst-hematoma on the left less above posterior fornix. The hematoma was carefully removed. A little material from cyst capsule and hematoma was taken and was sent for histological examination. It was done wound hemostasis and a 4-0 vicryl suture and was closed after one physiological lavage and careful control of the hemostasis. After one week the sutures were removed. Histopathology report of our case after processed in laboratory was: In the examined material it is noted cystic wall lined by stratified squamous epithelium and transitional epithelium and under it mucinous glands and areas with pronounced dyscyclic changes. *Result:* Intracystic hemorrhage of Bartholin's glands.

DISCUSSION

Bartholin's glands cysts are a common problem in women in reproductive age and in the majority of cases presented for medical assistance, they represent a benign condition. A vaginal cyst may represent an embryologic derivative, ectopic tissue, or urologic abnormality. Benign cystic lesions of the vagina present a spectrum, from small asymptomatic lesions to large cysts that cause urinary obstruction. Medical history, physical examination, and radiologic imaging, including voiding cystourethrogram and magnetic resonance imaging, are helpful in diagnosis. Awareness of the various diagnoses of benign cystic lesions of the vagina and associated abnormalities will aid in evaluation and treatment. Treatment is determined by the severity of symptoms. The success of treatment is evidenced by the level of short-term recurrence of cysts, and a treatment is required to have a justifiable cost [7]. For patients with uro-gynecological symptoms, an adequate physical examination must first be performed and this examination will direct the requests for additional examinations.

4. CONCLUSION

Although a differential diagnosis of a Bartholin's cyst is made in advance by the surgeon at the moment of inspection of the patient's vaginal space, the diagnostic confirmation is necessarily histological. Regarding to

the clinical case taken in consideration, it is established that inside the cystic lesion of the Bartholin's glands, a hematoma was found. Compared to most of the lesions of these glands where cysts and abscesses predominate, this case is unique due to the presence of intracystic hemorrhage.

- **Author's Contribution:** P.M. and F.M. gave substantial contributions to the conception or design of the work in acquisition, analysis, or interpretation of data for the work. G-I.V., F.I., L.T., K.T., V.L., had a part in article preparing for drafting or revising it critically for important intellectual content. K.B., and F.M. gave final approval of the version to be published and agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
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