.. **BARTHOLIN CYST**

Methods for its Restoration to Function

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The bartholin gland is a racemose gland lying beneath the labia majora. It secretes a clear viscous fluid through its ostium. It is located superficial to the hymen in the position of 5 and 7 O'clock. Bartholin gland may become diseased and be converted into a cyst. Because of stasis the cyst may get secondarily infected and abscess may result. The infection rarely spreads to the adjacent tissues. The main part in the formation of cyst is taken by the duct. These glands lie between two triangular fascial layers bridging the pubic arch. This space contains in addition the deep transverse perineal muscles and is perforated by the urethra and the vagina. The anatomical situation of the glands is such that it is impossible for them to distend and therefore any cystic mass must be confined to the duct. The microscopic study of the cyst lining is also transitional duct epithelium and not glandular columnar epithelium. Neisseria catarrhalis is the causative organism which may destroy the ductal opening.

A large number of surgical procedures have been carried out down from the annals of obstetrics and Gynaecology. The successful ones were by Davies (1948) who incised the cyst close to hymen and packed the cavity and reported 100% success.

Variations of packing technique using inflatable self retaining catheters have been described by others (Goldberg, 1970). Jacobson (1950) first described marsupilization technique. These two techniques were developed mainly to keep the secretory function of bartholin gland intact.

The other conventional methods of excision resulted in dry vulva and dysparunia postoperatively. Other sequeles are excessive scar formation, and recurrence. Bartholinectomy may have haematoma formation, cellulitis, stromal abcess and deaths have been reported.

A simple modification of the original marsupilization technique as described by Hyams *et al* (1973) was used in our series of patients. In this method a small diamond shaped segment of the cyst wall is removed to ensure drainage and permanent ostium marsupilization by diamond shaped excision of the vulval skin enlarges the newly reconstructed ostium and this minimizes recurrence.

Observations

The present work was done on the patients admitted in Medical College,

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Rohtak, Obstetrics and Gynaecology Department from January 1972 to January 1979 for a comparative study of the operative procedures done on bartholin cyst or abscess.

Total number of cases studied were ten. Most of the cases (90%) were from urban inhabitat.

Highest incidence (70%) occurred in the group of 20-29 years. The youngest patient was 20 and the oldest was 76 years old. No carcinoma of bartholin gland or duct have been reported at medical college, Rohtak during this period. There were 3 patients who had recurrences. One patient had 3 admissions for recurrent bartholin abscess. Another patient had 2 admissions for the same as shown in Table III.

Various types of surgical treatments in these 10 patients is given in Table I. Out of the 10 cases studied, 1 had three operative procedures i.e. incision and drainage, excision of cyst and marsupilization because of recurrence. Marsupilization cured the patient. Another patient had excision of cyst twice.

TABLE I

Results of Different Procedures

Procedure	No. of Procedures	Recurrence
Marsupilization	4	Nil
Enucleation of cyst	7	3
Incision and drainage	2	1

Local anaesthesia was used for marsupilization, whereas exicision of cyst was done under general anaesthesia most of the times.

All the patients, were treated with a course of broad spectrum antibiotics postoperatively. Stay of the patient in hospital was 2-3 days with marsupilization except in 1 who had postoperative sepsis in the wound and stayed for 14 days. The period of hospitalization after enucleation and incision and drainage varied from 3 to 11 days.

Discussion

Most of the patients were from urban area (90%). The age distribution of patients was maximum in the age group of 20-29 years (70%). This finding is in confirmity with Oliphant and Anderson (1960) who reported 140 cases out of 270 in this age group.

Three patients out of the 10 had recurrence. The rate of recurrence is different with different surgical techniques. The highest incidence 68-75% was reported for incision and drainage, medical treatment and needle aspiration (Olihant *et al*, 1960). For marsupilization it has been reported to be nil by Davies (1948) and 24% Oliphant *et al* (1960).

In the present study recurrence rate was nil with marsupilization 43% with enucleation and 50% with incision and drainage.

The simple modification of marsupilization which was carried out in this series proved useful because of the simplicity of technique, less time taking procedure, less blood loss, can be done under local anaesthesia in O.P.D. with little or no postoperative discomfort or morbidity. The recurrence was also nil with this method.

Summary

Ten cases of bartholin gland cyst or abscess were studied. The common age group in this series was 20-29 years. Among the various surgical techniques which have been carried out, simple modification of marsupilization proved a good help in these patients with no recurrence.

The literature on various surgical techniques for bartholin gland cyst has been reviewed.

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