A GIANT BARTHOLIN-DUCT CYST

(A Case Report)

by

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Introduction

Bartholin cyst is the commonest swelling of the vulva to be seen in gynaecological practice. Nevertheless, a large number of different types of vulval cysts have been described. All these cysts rarely exceed a few cms. in size. We have seen an exceptionally large Bartholin duct cyst and we have not come across such a large one in the literature. Moreover, this case is reported for its unusual clinical presentation, problem in diagnosis and operative findings.

CASE REPORT

M.K. 38 years, female, housewife, presented with the chief complaints of swelling in the left groin 7 years and something coming out of vagina since 6 months. The swelling was small, to begin with in vulval region, it gradually increased in size, hanging down freely towards knee. For last 6 months, the swelling started projecting per vaginum also. It remained asymptomatic until last 3 months, when it started producing discomfort to the patient while moving, No history of vaginal bleeding or discharge and her periods remained normal. No H/O loss of weight, Bowel habits remained normal throughout this period. No urinary problem.

Local Examination

An oval swelling in the left groin region, hanging down towards knee, measuring 32 cms x 12 cms (Fig. 1). It was partly lobulated, with a few lobulations projecting from the left side of introitus. The skin over the swelling was pigmented, no cough impulse, no pulsation, no pressure effect. Local temperature not raised, non-tender of variable consistency firm to soft, partly fluctuant, non-translucent, irreducible and dull on percussion, multiloculated, smooth swelling was protruding out of vagina; urethral orifice was visible after displacing the swelling laterally. Cervix was atrophied lying separately. The swelling was non-reducible.

Operative findings: After making spinal anaesthesia, an elliptical incision was put over the left side of labia encircling the base of swelling. Skin and subcutaneous tissue were separated, the mass easily dissected off the skin flap. There were multiple cystic swellings. One loculus was opened and was found to be full of gelatinous material (Fig. 2). The loculations were extending into the obturator fossa medially and also below the inguinal ligament displacing the blood vessels laterally. The inguinal ligament was divided and loculi delivered. The bladder was sliding along the vaginal protrusion and was separated from the swelling. The swelling was excised in toto, after ligation of the pedicle. A sort of anterior colporrhaphy was performed after pushing the bladder up. Foley's

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catheter was put in, the cavity packed with roller gauze.

Post operative period: uneventful.

Histopathology: Consistent with bartholin duct cyst.

M/E cyst wall lined with flattened epithelium. Follow up: Patient followed up for 10 months revealed no complications.

See Figs. on Art Paper IV