

# Bartholin's Gland Abscesses: A Rare Cause of Bartholin Abscess Fistula: A Case Report

Dr. Rohini Rupan<sup>1</sup>, Dr. Rondell Stuart<sup>2</sup>, Dr. Amanda Gray<sup>3</sup>

<sup>1,3</sup>Medical Registrar, Department of Obstetrics and Gynaecology, Georgetown Public Hospital Corporation, Georgetown, Guyana.

<sup>2</sup>Government Medical Officer, Department of Obstetrics and Gynaecology, Mahaicony Hospital, Georgetown Guyana

Corresponding Author: Dr. Amanda Gray

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## ABSTRACT

Bartholin's gland fistulas are uncommon complications arising from persistent infection or insufficient drainage of abscesses. Chronic inflammation can result in the formation of epithelialized pathways linking the gland to neighboring tissues or the skin surface. Conclusive management necessitates surgical removal of the fistulous tract to avert recurrence.

**Keywords:** Ductal- cutaneous fistula, Anovaginal fistula, fistulectomy.

## INTRODUCTION

A Bartholin's gland abscess is an infected cyst that can develop when the duct of the Bartholin's gland becomes blocked and swollen. Every patient that is diagnosed with a Bartholin abscess must have visit their doctor so they may recommend the appropriate treatment for same.

## CASE REPORT

A 29-year-old woman, Gravida 3 Para 2012, evaluation with no significant past medical history, presented with complaints of persistent drainage of purulent fluid from the perineal skin. She reported a history of recurrent Bartholin's gland abscesses over the past two years, for which she underwent multiple marsupialization procedures.

Over the last six months, the patient noticed the development of a small opening within the vaginal wall associated with intermittent leakage of pus from the site. She also reported that the discharge occasionally tracked toward the left gluteal region, where it drained externally through the skin.

## PHYSICAL EXAMINATION:

**External vaginal examination:** External genitalia appeared healthy. A 2 cm opening was noted on the left labia, actively draining purulent fluid.

**Gluteal region:** A second 2 cm external opening with similar purulent discharge was observed on the left gluteal area.

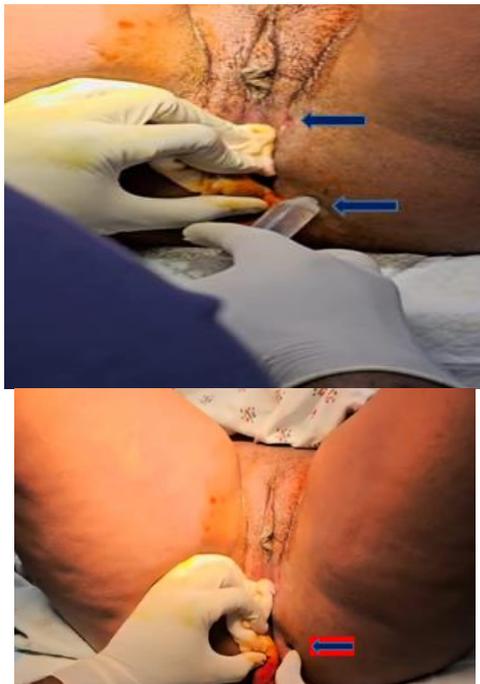
## Laboratory Investigations:

- Hemoglobin: 12.6 g/dL
- Platelets:  $353 \times 10^9/L$
- VDRL: Non-reactive
- VCT (HIV): Negative
- Hepatitis B surface antigen: Negative

## Operative Findings:

An examination under anesthesia (EUA) was performed to evaluate for a possible Bartholin's gland-associated fistula. Intraoperatively, a 2 cm fistulous tract connecting the left labia majora to the left gluteal region was identified. The diagnosis was confirmed when saline injected through

the vaginal opening was observed exiting from the gluteal site.



Figures 1&2: opening of a Ductal- cutaneous fistula

#### MANAGEMENT AND FOLLOW-UP:

The patient was referred to the general surgery team, where she underwent a fistulectomy. She is currently in postoperative recovery and is scheduled for a six-week follow-up

#### DISCUSSION

A fistula arising from a Bartholin abscess is an extremely rare complication with very few documented cases in medical literature. It is formed by an abnormal connection between the Bartholin's gland and an external opening, in this case with the skin of the patient (ductal-cutaneous fistula). These fistulas often occur after recurrent or severe abscesses. Management involves surgical procedures like fistulectomy and gland excision to remove the fistulous tract and resolve symptoms. Hence this patient was referred to an anorectal surgeon to further assist in fistulectomy.

#### CONCLUSION

This case underscores the necessity of specialized therapy of Bartholin's gland

abscesses within a sterile and regulated setting to mitigate complications, including the creation of fistulas. Patients with recurring Bartholin abscesses must receive comprehensive education regarding preventive measures, encompassing appropriate hygiene practices, early symptom diagnosis, and the necessity for immediate medical assessment. In this example, seeing a gynecologist early on helped with a quick diagnosis and a proper referral to a surgical team, which led to the best possible care and outcomes for the patient.

#### Declaration by Authors

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**Conflict of Interest:** No conflicts of interest declared.

#### REFERENCES

1. Nasser, H. A., Mendes, V. M., Zein, F., Tanios, B. Y., & Berjaoui, T. (2014). Complicated rectovaginal fistula secondary to Bartholin's cyst infection: Rectovaginal fistula. *Journal of Obstetrics and Gynaecology Research*, 40(4), 1141–1144. <https://doi.org/10.1111/jog.12294>
2. Byrnes, J. N., Schmitt, J. J., Faustich, B. M., Mara, K. C., Weaver, A. L., & Chua, H. K. (2017). Outcomes of rectovaginal fistula repair. *Female Pelvic Medicine & Reconstructive Surgery*, 23(2), 124–130. <https://doi.org/10.1097/SPV.0000000000000373>
3. Lo, T.-S., Huang, Y.-H., Dass, A. K., Karim, N., & Uy-Patrimonio, M. C. (2016). Rectovaginal fistula: Twenty years of RVF management. *Journal of Obstetrics and Gynaecology Research*, 42(10), 1361–1368. <https://doi.org/10.1111/jog.13066>
4. Rahman, M., Al-Suleiman, S., El-Yahia, A., & Rahman, J. (2003). Surgical treatment of rectovaginal fistula of obstetric origin: A review of 15 years' experience in a teaching hospital. *Journal of Obstetrics and Gynaecology*, 23(6), 607–610.

<https://doi.org/10.1080/01443610310001604349>

5. Saeed, N. K., & Al-Jufairi, Z. A. (2013). Bartholin's gland abscesses caused by *Streptococcus pneumoniae* in a primigravida. *Journal of Laboratory Physicians*, 5(3), 130–132. <https://doi.org/10.4103/0974-2727.119870>

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