

# The Cyst of the Bartholin Gland Mimicking Endometriosis

## Endometriozisi Taklit Eden Bartholin Kisti

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### Özet

Bartholin kistleri vulvanın en sık rastlanan lezyonlarından biridir fakat bartholin bezinde endometriozis çok nadir olarak saptanır. Endometriozis lezyonları çok farklı yerlerde görülebilir. Kistin kahverengi içeriği genelde endometriozisi düşündürür ama kesin tanı ancak patolojik inceleme ile konulabilir. Bu vaka sunumunda ekstrapelvik endometriozisi taklit eden bir bartholin kistini sunmayı amaçladık. 46 yaşında multipar hasta son 3 yıldır vulvanın sol tarafındaki ağrısız şişlik şikayeti ile hastanemize başvurdu. Hastanın menstürasyonları düzenli idi ve dismenore, disprenü veya kronik pelvik ağrı şikayeti yoktu. Jinekolojik muayenesinde sol bartholin bezi lokalizasyonunda 6 cm septalı kisti mevcuttu. Kistin diseksiyonu sırasında kist rüptüre oldu ve kahverengi endometrioma ile uyumlu görünümde içerik boşaldı. Patoloji sonucu enfekte hemorajik bartholin kisti olarak rapor edildi. Bartholin kisti olgularında kist içine kanama endometriotik bir lezyonu taklit edebilir ve kesin tanı ancak histopatolojik inceleme ile konulabilir.

**Anahtar kelimeler:** Bartholin kisti, endometriozis

### Abstract

The cysts of bartholin gland are one of the most common lesions of vulva but endometriosis of the bartholin gland is extremely rare. The lesions of endometriosis may be detected in various different regions. The dark brown content of the cyst usually predicts endometriosis but the exact diagnosis can only be made by pathologic examination. The aim of this case report is to document a cyst of the bartholin gland mimicking endometriosis. A 46- year- old multiparous patient was admitted to our hospital with the complaint of a painless mass in the left vulvar region having been for three years. Her menstrual cycle was regular and she had no dysmenorrhea, dyspareunia and chronic pelvic pain. On gynecological examination, there was a 6 cm septate cystic lesion on the left bartholin gland. During dissection of the cystic lesion, the cyst was ruptured and dark brown fluid was expelled. The definitive histopathology report came out as infectious hemorrhagic bartholin cyst. Hemorrhagic bartholin cysts may mimic endometriosis and differential diagnosis can only be done by histopathologic examination.

**Key Words:** Bartholin cyst, endometriosis

### Introduction

The cysts of bartholin gland are one of the most common lesions of vulva and are located lateral to the vaginal orifice. Endometriosis is defined as implantation and growth of endometrial tissue on sites other than the endometrium. Although it is a commonly seen disorder, the etiology of this disease is still unclear and the lesions of endometriosis may be detected in various different regions. The dark brown content of the cyst usually predicts endometriosis, but the exact diagnosis can only be made by histopathologic examination. The aim of this case report is to document a cyst of the bartholin gland mimicking endometriosis. The ducts of the bartholin glands open to the vaginal orifice and mucus secreted by the bartholin glands cause lubrication during intercourse.

The total incidence of Bartholin duct cysts was 0.55 per 1000 person-years and the incidence of bartholin cyst or abscess increases with age until late 40s then decreases sharply.<sup>2</sup> Silver nitrate gland ablation, carbon dioxide laser, marsupialization, needle aspiration, alcohol sclerotherapy, fistulization and gland excision are the choices of treatment of the bartholin cyst or abscess. Each of the treatments could be the appropriate option depending on the patient's characteristics and the provider's experience and resources without superiority to each other.<sup>3</sup> Endometriosis may be detected in different localizations and extrapelvic endometriosis is usually detected incidentally or on pathologic examination.<sup>4,5</sup>

### Case Report

A 46- year- old multiparous patient was admitted to our

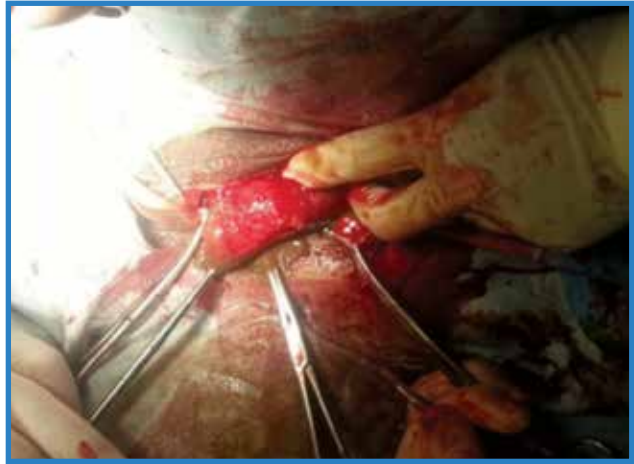
hospital with the complaint of a painless mass in the left vulvar region for three years. Her menstrual cycle was regular and she had no dysmenorrhea, dyspareunia and chronic pelvic pain. She had no history of any other disease or operation. The vital signs of the patient were normal. On gynecological examination there was a 6 cm septate cystic lesion on the left bartholin gland and uterus was palpated as larger than normal. Complete blood count and basic biochemical tests were in normal limits, serum  $\beta$ -HCG level was within no pregnant values. Urinalysis, cervical and urinary cultures were negative. Transvaginal ultrasonographic examination revealed 79×65 mm subserous myoma in the left posterior region of the uterus. The patient refused treatment for myoma uteri.

The cystic lesion was evaluated as bartholin cyst and excision of the cyst was planned. Informed consent covering permission for documentation of the case was taken from the patient before the operation. The patient was prepared for the operation and draped in litotomy position. Dissection of the labium majus above the mass revealed a 6 cm cystic lesion that was excised circumferentially. The cyst was ruptured during dissection and the dark brown fluid was expelled (Figure 1). The patient was firstly diagnosed as endometriosis of the bartholin gland but the definitive pathology report came out as infectious hemorrhagic bartholin cyst. She was discharged from the hospital on the first day of the operation and the follow-up period was uneventful.

### Discussion

Retrograde menstruation, coelomic metaplasia, direct implantation and vascular dissemination are some of the theories for the etiology of endometriosis. Vascular dissemination or direct implantation through the openings of the ducts of bartholin glands may explain the formation of endometriosis in the bartholin glands. Endometriosis of the bartholin gland is extremely rare. Isolated endometriosis in a bartholin gland is first reported by Matseoane et al. in 1987.<sup>6</sup> In this patient, there was no suspicion of endometriosis before the rupture of the cyst during operation since she was asymptomatic for endometriosis. During the operation, dark brown content of the cyst gave the impression of endometriosis, but the final histopathology was reported as infectious hemorrhagic bartholin cyst. The absence of symptoms of endometriosis like pain, change of clinical signs during menstruation may also help the differential diagnosis.

Although the content of the cyst may arise the suspicion of endometriosis, the exact diagnosis can only be made by histopathologic examination. On the other hand, in one study, extrauterine endometriosis was detected in pathologic examination of 2% of excised bartholin cysts.<sup>7</sup> The rarity of diagnosis of endometriosis in the bartholin gland may be due to its low potential to become a detectable and symptomatic mass.<sup>8</sup> In conclusion, hemorrhagic bartholin cysts may mimic endometriosis and differential diagnosis can only be made by histopathologic examination.



**Figure 1.** The dark brown content of the bartholin cyst

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