

## Giant Bartholin Cyst Case Report

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### Abstract

*Bartholin gland cysts are common masses in the vulvar region that can range from asymptomatic to large and infected, requiring treatment [1]. In this case report, we wanted to discuss a case of a large Bartholin gland cyst that presented with painful genital swelling to our clinic and its treatment. A woman in perimenopausal age presented with a large mass in the vulva, and physical examination revealed an 18x10 cm mass originating from the left labia minora. MRI confirmed the mass, and the initial diagnosis was Bartholin gland cyst. The cyst was surgically excised totally under the operating room conditions and sent for histopathological examination. Although Bartholin gland cysts can present in various sizes and clinical features, cysts of this size are rare and can be confused with malignant masses.*

**Key words:** *Bartholin cyst, Labial cyst, Female reproductive system*

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### Aim

We aimed to highlight Bartholin cysts, which are common genital masses that can reach large sizes and become infected, negatively affecting the quality of life and can also be mistaken for malignancies when left untreated, in this case report.

### Case

A perimenopausal woman presented to our clinic with a painful vulvar mass. The patient reported delaying hospital admission due to social anxiety. On examination, a mass measuring 18x10 cm was detected, originating from the left labia minora. There was no heat sensation on the mass. The top of the mass extended up to the level of the clitoris, and the base reached the perineum (Figure). No

palpable lymph node or other mass was observed. MRI was performed for further evaluation and to assess malignancy. The preliminary diagnosis was Bartholin cyst, and surgery was planned. The patient underwent spinal anesthesia in the operating room, and a Foley catheter was inserted. The cystic mass was totally excised, and a histopathological examination was performed. The result revealed a cystic structure lined with chronic inflammatory cells and columnar epithelium. There were no postoperative complications, and the patient was discharged one day later. A follow-up visit was scheduled for two weeks later, during which no recurrence or issues were observed.



**Figure:** Macroscopic appearance.

## Discussion

Bartholin glands are organs that were described by Danish anatomist Casper Bartholin in the 17th century and are one of the fundamental organs of the female reproductive system. They are the female equivalent of the Cowper glands found in males. The size of the gland is approximately 0.5 cm and it has a canal that extends about 2 cm towards the vestibule. These glands secrete an alkaline type of mucus that provides lubrication during sexual function.

Infections and abscesses that can occur in these glands can lead to vestibular pain and dyspareunia. While these infections are generally bacterial in nature, they can also cause Bartholin cysts, abscesses, or malignancy [2]. The ductal portion of the gland can become blocked, resulting in the formation of cysts. However, mucus production by the gland continues, and this secretion begins to accumulate. This accumulation results in cystic dilatation, and if an infection is added, an abscess is formed. However, the presence of a cyst is not necessary for an abscess to form in the Bartholin glands. Abscesses are more commonly seen than cysts, and polymicrobial infections are usually involved in abscess cultures [3].

Lesions that occur in the Bartholin glands rarely exhibit malignant characteristics and can make up to 2-7% of vulvar carcinomas. They present in the form of carcinoma. The group in which these malignant lesions are seen is mostly women in the postmenopausal period. The average age for these women is 57 years old, but the risk of carcinoma increases with lesions in women over 60 years old [4].

When small cysts or inflammation are absent, Bartholin cysts are generally asymptomatic. Besides the asymptomatic clinical course, these cysts or abscesses can also present with severe pain, redness,

cellulitis, and tenderness. Depending on the size of the cyst and the severity of the clinical presentation, difficulty walking and dyspareunia can also be encountered. Depending on the location where the cyst is opened, it can spontaneously drain, and in this case, the patient may experience temporary relief and a decrease in pain [3]. In the case of Bartholin gland cancers, the patient may present with a painless mass in the vulva region. This mass is often fixed to underlying tissues. If a sentinel node is detected, it may indicate adenocarcinoma of the gland [5].

Our patient was around 47 years old and presented to our clinic with a painless vulvar mass. At the time of admission, no heat, tenderness, or redness was observed on the mass. No evidence of malignancy was detected on the MRI examination. Considering the patient's socio-economic conditions and the large size of the mass, we preferred direct excision instead of drainage or biopsy. The histopathological examination was reported as "a cyst structure lined with chronic inflammatory cells and columnar epithelium," which was considered as an indication of Bartholin cyst. The patient's treatment was completed.

## Conclusion

Bartholin glands, while serving as a functional element in the female genital system, can have clinical implications that can disrupt the patient's clinical condition and quality of life in cases such as canal blockage or infection. There are different options for diagnosis and treatment, and when diagnosis and treatment are delayed, manifestations ranging from severe clinical conditions to large-sized masses or malignant conditions can occur.

## Conflict of Interests

All authors declare that they have no conflict of interests.

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