



BARTHOLIN CYST AND ABSCESS

DEFINITION	Bartholin cysts develop when the ducts of the Bartholin gland become obstructed from either inflammation or trauma. The cyst may become infected and an abscess may develop in the gland. An abscess can develop from either a primary gland infection or an infected cyst. It is often difficult to distinguish a Bartholin cyst from a Bartholin abscess. The flora is usually a mixture of aerobic and anaerobic from the vagina, with <i>Chlamydia trachomatis</i> and <i>N. gonorrhoeae</i> cultured in approximately 10% of the cases. Staph, strep and <i>E. coli</i> species are also common. Bartholin cysts and abscesses occur predominately in women 20-30 years of age. Gland enlargement in women over 40 years is rare, and should be referred to a gynecologist for possible biopsy.
SUBJECTIVE	May include: <ol style="list-style-type: none">1. Painful swollen lump in the vaginal area.2. Difficulty sitting or walking due to severe pain and swelling.3. History of infected Bartholin's gland, with or without antibiotic treatment.4. History of sexually transmitted disease.5. Fever6. Dyspareunia7. No symptoms
OBJECTIVE	May include: <ol style="list-style-type: none">1. Bartholin cysts may present as painless labial swelling at the 5 or 7 o'clock position of the vaginal opening. Abscesses present as acutely painful unilateral labial swelling in the same area. Cysts or abscesses may vary in size from 1-10cm.
LABORATORY	May include: <ol style="list-style-type: none">1. Vaginitis/cervicitis screening, as appropriate.
ASSESSMENT	Bartholin Cyst or abscess

PLAN	<p>Treatment options may include:</p> <ol style="list-style-type: none"> 1. Asymptomatic cyst may require no treatment 2. Abscesses require antibiotic treatment and usually drainage. <ol style="list-style-type: none"> A. Doxycycline 100 mg PO bid x 7d, OR B. Cephalexin 500 mg PO qid x 7d, OR C. Amoxicillin/clavulanate 500mg PO tid x 7d D. Ceftriaxone 250mg IM PLUS metronidazole 500mg PO bid x 7d 3. Advise sitz baths qid for 30 minutes for relief of pain and to encourage spontaneous drainage. 4. Advise OTC analgesic (ASA or NSAID) q4h prn for pain. 5. Symptomatic cysts and gland abscesses typically require drainage.
CLIENT EDUCATION	<ol style="list-style-type: none"> 1. Provide client education handout(s). Review symptoms, treatment options, and medication side effects. 2. Advise to avoid intercourse until completion of medication.
CONSULT / REFER TO PHYSICIAN	<ol style="list-style-type: none"> 1. If above treatment under plan is ineffective refer to a physician.

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References:

1. **Bartholin** Gland Diseases (2012) Retrieved October 4, 2012 from emedicine.medscape.com/article/777112-overview
2. Bartholin Cyst (2010). Retrieved April 1, 2010 from <http://www.mayoclinic.com/health/bartholin-cyst/DS00667>