Diagnosis and management of acute puerperal Bartholinitis caused by Escherichia coli

Helena Lucia Barroso dos Reis[1], Carla Renata Petillo de Pinho[2] and Dennis de Carvalho Ferreira[2],[3]


A 27-year-old, Caucasian, university-graduated, married, puerperal female patient who lived in the City of Vitoria, State of Espírito Santo, Brazil, presented with recurring genital moniliasis, without a medical history of underlying diseases. She underwent regular cytology exams, including cervical and vaginal samples that showed no atypia. Clinical evaluation also remained unchanged.

The test for Streptococcus agalactiae in the 37th gestational week was negative. This primiparous patient underwent a cesarean section due to cephalo-pelvic disproportion 15 days prior to abscess drainage of the Bartholin’s gland on the left side, which characterized a clinical case of acute Bartholinitis.

The onset of this condition was an extremely painful tumor in the genital area five days after delivery. It was clinically detected as local redness, which started to bulge and then progressed to fluctuation (abscess) (Figures A and B). Other possible differential diagnostic hypotheses were Skene duct cysts, which are rare; epidermal inclusion cyst; and papillary hidradenoma, among other Bartholin’s gland benign lesions. Abscess drainage was performed, and purulent secretion material was collected for culture, which evidenced growth of Escherichia coli. Oral antibiotic therapy (500mg cephalaxin) was prescribed every six hours for seven days.

Remission of the Bartholin abscess at the end of the antibiotic therapy was observed. During the 5-year clinical follow-up in the gynecology assistance program up to now recurrence was not observed.

REFERENCES