

CASE RECORDS AND COMMENTARIES
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SUMMARY

A review of 565 cases of Bartholin's abscess treated at K.M.H., Nairobi, on the emergency gynaecological ward 15 between 1st January, 1975 and 31st December, 1979 is presented. In this five year period there were a total of 33,582 emergency gynaecological admissions to ward 15. The 565 Bartholin's abscess cases account for 1.7% of total admissions, (Table 1). All aspects are reviewed. Recurrence is given special attention to determine the effectiveness of the treatment given. There was a low average recurrence rate of only 3% per year. The standard treatment for this condition of marsupialization was thus effective in our patients as found elsewhere, (Jacobson, 1960⁽¹⁾, Blakey, et al 1966⁽²⁾).

INTRODUCTION

Bartholin's abscess is not a rare condition in our female population of reproductive age (14-44 years). Though a simple gynaecological malady it causes untold marital, psychological and social distress to the patient.

Bartholin's glands are situated bilaterally within the posterior one-third of the vulva. Each opens by a single duct into the vaginal orifice, (R.J. Last, (3). The gland mucus secretion is discharged from the orifice of the duct just external to the hymen in the 5 o'clock and 7 o'clock positions, (Dewhurst, (4). Infection of these glands does occur from a number of pyogenic organisms such as E. Coli, streptococci, staphylo cocci and the gonococcus, (4; Barnes, 5). The gonococcus was especially thought more common but its not true to-day in Britain. It is contented that it may be true elsewhere, (3;4;5). In our environment no bacteriological study has been

undertaken but the nearer truth is found in a study on urethral or vaginal Discharge at a rural hospital in Kenya by J.J. Binsbergen et al, 1980, (6). In this study for both men and women it was found that of the 133 women studied, 32 (24%) had *Trichomonas vaginalis*, 26(19.3%) had *candida albicans* and 31 (23.3%) had *Neisseria gonorrhoea*. The smears were cervical. Since all our patients were found to have some form of discharge it may be probable that the gonococcus may play a significant role among other organisms in our environment.

When the Bartholins gland gets infected, the intensely painful swelling which results extends forward and the patient is unable to sit down or to walk in comfort, (4; 5). The swelling becomes red and angry and clearly infected, (4). With marsupialization the ostium of the gland is preserved and its function also. Recurrences after marsupialization are uncommon, (2).

Before 1950 an acute abscess had been treated by incision and drainage and later by excision with a high recurrence rate. In 1950 Jacobson, (7), described the operation of marsupialization in which after simple incision of the cysts and abscesses, he sutured the cut edge to the lining of that of the labial skin. In Britain in 1958 Blakey, (8) described 14 cases treated this way. The short term results were excellent and he concluded there was no longer any place for the operation of excision.