

**"CASE RECORDS
AND
COMMENTARIES IN OBSTETRICS
AND GYNAECOLOGY"**

Submitted by

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ABSTRACT

Background

The magnitude of Bartholin's gland abscess locally is undetermined despite the fact that it's an important cause of morbidity especially among women of reproductive age. Bartholin's gland abscess occurs due to primary infection of the gland by pathogenic bacteria. Globally the incidence of Bartholin's gland abscess is 2% and the age commonly affected is between 20-29 years. Literature shows that the incidence of Bartholin's gland abscess at Kenyatta National Hospital (KNH) is 1.9% with a recurrence rate of 17%. Most infection occurred between 15-39 years with a mean age of 23.5 years. It is worthwhile noting that the abscesses are also occurring in extremes of age locally and this should raise concern. It seems to be a problem of the young and sexually active women who are also affected more by the HIV/AIDS. Though a simple gynecologic malady it causes untold marital, psychological and social distress to the patient Treatment options available include marsupialization, insertion of word catheter, insertion of silver nitrate, carbon dioxide laser, alcohol sclerotherapy, surgical excision of the entire gland and antibiotics. Treatment at KNH is by marsupialization and antibiotics; other methods have not been attempted. The high recurrence rate of Bartholin's gland abscess locally is noted with concern and this may warrant review of our method and technique of treatment.

Study objective

The study objective was to review Bartholin's gland abscess as seen at KNH between January 2005 and December 2005. The specific objectives were to analyze the prevalence, socio-demographic characteristics, HIV status, site of Bartholin's gland abscess, mode of treatment and postoperative complications.

Study design and methodology

This was a retrospective descriptive study carried out at the records department at KNH. It involved review of files of patients who were treated for Bartholin's gland abscess between January 2005 and December 2005. The patient's name and file number were

obtained from coded data in the records department and the records staff retrieved the files. The data was entered into a data collection form then entered into the computer for analysis.

Results

The mean age of the Bartholin's abscess study subjects was 26.2 years with a median of 26 years and a standard deviation of 6.66. The youngest study subject was 14 years and the oldest was 42 years. Most 24 (53.3%) were aged between 20 and 29 years. Majority 22 (48.9%) were married, 12 (26.7%) had an education of only primary school and 13 (28.9%) were housewives. The mean parity was 1.57 with a mode and a median of 1. Majority 28 (62.2%) had had between one and three pregnancies. Those pregnant while having the Bartholin's abscess were 9 (20%) with of which 4 were in the third trimester. 10 (22.2%) of the study subjects were on modern contraceptives, 12 (26.7%) had previously had Bartholin's abscess and 4 (8.9%) were HIV positive. 27 (60%) of the study subjects had Bartholin's abscess on the right side. All the abscesses were treated by Marsupialization. The prevalence rate was 0.4% and the recurrence rate was 26.7%. All the Bartholin's abscesses were treated by way of marsupialization and antibiotics. HIV positive women were 27 times more likely to develop Bartholin's abscess compared to HIV negative ones ($p<0.0001$) and patients with previous history of Bartholin's abscess and were HIV positive were almost 92 times more likely to present with a recurrence compared to HIV negative ones ($p<0.0001$).

Conclusion

The prevalence of Bartholin's gland abscess was 0.4% with a recurrence rate of 26.7%. The Bartholin's gland abscess affected mostly the young women of low parity and low socioeconomic status and HIV was associated with its development and recurrence ($p<0.0001$).