

A Rare Cause of Recurrent Vulvar Pain: Case Presentation of Periclitoral Abscess

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Periclitoral abscess is a very rare disorder causing severe vulvar pain. There are only few cases that have been reported and the etiology is still unclear except some cases were found to be related to female circumcision in a group of patients. Periclitoral abscess can be recurrent and has also been seen in premenarchal girls. Antibiotic treatment and marsupialization are the treatment options. In this report, management of a case with recurrent periclitoral abscess is presented.

Key Words: Vulvar pain, Clitoris, Abscess

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Introduction

Periclitoral abscess is a very rare disorder that causes severe vulvar pain. Only a few cases have been reported in literature. The etiology of periclitoral abscess is unclear, but some cases were demonstrated as the complication of female circumcision.¹ Venereal etiology has not been reported as the responsible factor.

We report a case of third recurrence of periclitoral abscess that had been treated for approximately 2 years with multiple rounds of antibiotics and local incisions.

Case Report

A 28-year-old virgin patient admitted to our outpatient clinic with the complaint of severe tenderness and swelling on clitoris. A tender, fluctuant, mildly erythematous, 3 cm x 3 cm sized mass on the stump of the clitoris was detected on gynecologic examination. No discharge was observed. She had no history of local trauma or abuse. The vulva seemed normal without any other abnormal lesions or signs of trauma. It was learnt that she had had similar complaints 2 times before. The patient declared that her first abscess was treated spontaneously with oral antibiotics, and on the second recurrence the abscess was drained from a little incision on the lateral side of the prepuce. In this current recurrence, the abscess was drained from a 2-cm wide incision on the lateral side of the

prepuce avoiding injury to the clitoris, and marsupialization was carried out by suturing the abscess cavity to the edges of the skin. The patient was administered combined antibiotherapy against mixed infection including antianaerobic treatment for a week.

No microbiological identification could be made on culture. One week later the patient was free of symptoms and the swelling completely resolved. One month later healing was accomplished.

Discussion

The clitoris is a multiplanar structure with a broad attachment to the pubic arch and via extensive supporting tissue to the mons pubis and labia. Centrally it is attached to the urethra and vagina. Its components include the erectile bodies (paired bulbs and paired corpora, which are continuous with the crura) and the glans clitoris.

The abscess on clitoris yields severe pain and disability when occurs. Periclitoral abscess can be recurrent and has also been seen in premenarchal girls. Antibiotic treatment and marsupialization are the treatment options.² In premenarchal girls medical treatment should be the first option because of its non-invasiveness. However, in recurrent cases, marsupialization should be the preferred treatment as it facilitates exploring the cavity and extracting potential causes such as hair. Therefore marsupialization has been described as a successful method for treating periclitoral abscesses.³ However, in some reports injury to the clitoris was described as a limitation of this treatment and antibiotic treatment has been advocated. The incision should be made as laterally as possible so as not to damage the clitoris. Postoperatively, no additional medical care is needed (Figure 1).

Pylonidal cysts involving the clitoris have also been reported in the literature. Esther Maor-Sagie et al reported a

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case of a recurrent pilonidal periclitoral cyst in an 8-year-old girl which was surgically treated.⁴ So, pilonidal cysts should be kept in mind in differential diagnosis.

In conclusion periclitoral abscess is a very rare disorder that causes severe vulvar pain it has been described in several cases in the literature. Some of the cases were complication of female circumcision. In other cases the cause of the abscess is unknown. No venereal etiology has been reported. Marsupialization has been described as a successful method for treating periclitoral abscesses.



Figure 1: Periclitoral abscess

Tekrarlayan Vulvar Ağrının Nadir Bir Nedeni Periklitoral Abse Olgu Sunumu

Periklitoral abse, şiddetli vulvar ağrıya yol açan nadir bir hastalıktır. Günümüze dek ancak birkaç vaka bildirilmiştir ve bir grup hastada gösterildiği üzere kadın sünneti dışında nedeni tam olarak belli değildir. Periklitoral abse tekrarlayabilir ve premenarşal genç kızlarda görülebilir. Antibiyotik tedavisi ve marsupializasyon tedavi seçeneklerindedir. Bu vakada, tekrarlayan periklitoral abseli hastaya yaklaşım anlatılmıştır.

Anahtar Kelimeler: Vulvar ağrı, Klitoris, Abse

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