

# Recurrent Periclitoreal Abscess Due To Birth Injury: A Case Report

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Periclitoreal abscess is a rare cause of severe vulvar pain and exceedingly infrequent occurrence after perineal injury of vaginal birth. Case: A 39-year-old woman was presented with severe tenderness and swelling of her clitoris. She had been similar complaints for approximately 2 years with multiple rounds of antibiotics after her last vaginal birth including injury of periclitoreal region. Treatment consisted of a wide local drainage of the abscess, and restoration of the periclitoreal area. Healing was not delayed and no discomfort has been reported postoperatively. Curative therapy of a recurrent clitoral abscess can be accomplished by surgical treatment with preservation of the clitoris.

**Key Words:** Periclitoreal abscess, Perineal injury, Vaginal birth

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## Introduction

Periclitoreal abscess is a rare cause of severe vulvar pain.<sup>1</sup> To date only a few cases have been reported and the etiology of disorder was unknown except as the result of female circumcision in a group of patients.<sup>2-6</sup> Periclitoreal abscess can be recurrent and can be seen in any age including premenarchal girls.<sup>1,4,5</sup> Periclitoreal abscess in premenarchal girls is a serious condition and can have negative implications for future reproductive health. In women with reproductive age, clitoral abscess may cause to complaining of dysuria, vulvar swelling, pain and erythema of the clitoral hood. Antibiotic treatment and marsupialization are the major treatment options. We report a case of recurrent periclitoreal abscess presenting with vulvar tenderness and swelling due to birth injury.

## Case Report

A 39-year-old woman was presented with severe tenderness and swelling of her clitoris. On physical examination a tender, fluctuant, erythematous, 2-3 cm mass in the periclitoreal region was observed (Fig. 1). The prepuce was enlarged because of the abscess localized underneath it. The clitoris was covered with the prepuce and difficult to visualize due to tenderness. Vaginal speculum examination was unremarkable. In the laboratory analysis, leukocyte count was 12400 /mm<sup>3</sup>, biochemical findings were normal.

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*Figure 1: The periclitoreal abscess*

In her past medical and obstetric history, she had 3 normal vaginal deliveries, the third one was 3 years ago, in which she had perineal injury around the clitoral region, and was repaired immediately after the delivery. After 6 weeks of the delivery, her complaints began and she had symptom of a tender swelling of the periclitoreal region, which resolved following spontaneous antibiotic therapy. During the last 2 years she stated that she had the same condition 4-5 times in a year. In each time, the condition resolved partially after antibiotic therapy. She had no history of sexually transmitted disease. This time the condition was more severe and she was referred to our clinic with acute severe vulvar pain. After taking full his-

tory and physical examination was done, she was admitted to our clinic and antibiotic therapy with combination of ampicilline + gentamycine was began besides giving adequate analgesia.

On the third day of antibiotic treatment, under pseudoanalgesia, the abscess was drained from a 2-cm wide incision on the lateral side of the prepuce avoiding injury to the clitoris, the cavity was drained and washed with saline then closed using 3/0 catgut with interrupted sutures (Fig.2) Streptococci bacteria were identified from the culture. In our case, healing was not delayed and no discomfort has been reported postoperatively. One week later the patient was free of symptoms and the swelling completely resolved (Fig.3). Complete recovery was obtained one month later.



Figure 2: After the operation



Figure 3: 1 week later

## Discussion

Periclitoral abscess has been reported in several cases in the literature up to now. Female circumcision is usually the most common cause of periclitoral abscess. Some of the previous cases were complication of female circumcision.<sup>6</sup> In other cases, the cause of the abscess is unknown.<sup>4,5</sup> No venereal etiology has been reported in previous cases. In our case, the patient had her first occurrence of a periclitoral abscess after perineal injury around the clitoral region following normal vaginal delivery. Evidence suggests that sexually transmitted diseases do not seem to be the cause of periclitoral abscess. Similarly, the present case had no history of sexually transmitted diseases.

Pilonidal abscess of the periclitoral region has also been reported with similar findings in some other patients with periclitoral abscess.<sup>1,7</sup> Although it may be difficult to find hair in the abscess cavity, pilonidal sinus is the most likely cause of the disorder. However, we did not observe any hair in the abscess cavity. Treatment of the disorder may be performed according to the patients age and severity of complaints. Marsupialization has been described as a successful method for treating periclitoral abscesses in reproductive ages.<sup>1,4,5</sup> However, in some reports injury to the clitoris was described as a limitation of this treatment and antibiotic treatment has been advocated.<sup>2,3</sup> On the other hand, medical treatment could be recommended as the first option because of its noninvasiveness in premenarchal girls.

Periclitoreal abscess is a rare cause of vulvar pain that sometimes can be treated conservatively with antibiotics and analgesia but in recurrent cases, surgical treatment should be preferred for therapeutic option as it facilitates exploring the cavity and extracting potential causes. The incision should be made as laterally as possible so as not to damage the clitoris. Postoperatively, no additional medical care is needed. In addition, perineal conservation should be performed cautiously during vaginal birth.

## Doğum Travmasına Bağlı Tekrarlayan Periklitoral Abse: Olgu Sunumu

Periklitoral abse vulvar ağrının oldukça az rastlanan bir sebebidir ve vajinal doğuma bağlı oluşan perineal yaralanmalar sonucu oluşması sık karşılaşılan bir durum değildir. Bizim olgumuzda 39 yaşında bayan hasta klitoral bölgede olan şiddetli ağrı ve hassasiyet şikayetleriyle başvurdu. Hasta 2 yıl önce periklitoral bölgeye travmanın olduğu son vajinal doğum sonrası benzer şikayetlerin oluştuğunu ve bunun için çok defa antibiyotik tedavileri aldığını ifade etti. Tedavide abse bölgesi geniş bir şekilde drene edildi ve alan cerrahi olarak onarıldı. Tam iyileşme zamanında ve komplikasyonsuz olarak gerçekleşti. Klitroyus korunarak yapılan cerrahi tedavi tekrarlayan klitoral abselerde küratif bir tedavi olarak görülmektedir.

**Anahtar Kelimeler:** Periklitoral abse, Perine yaralanması, Vajinal doğum

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