PARAUREHTHRIAL ABCESS

Muntiha Sarosh, Farrukh Naheed, Azra Sultana

Abstract

Paraurehthral abcess in female is a rare lesion. The patient was a 25 years old female who had history of something coming out of vagina with perineal heaviness. She had history of off and on foul smelling copious vaginal discharge.

On vaginal examination a 6 x 6cm mass around the anterior lip of cervix was seen with excessive foul smelling vaginal discharge. Ultrasound showed a hypoechoic cyctic mass near cervical region. Incision and drainage of abcess was done and about 300ml of pus drained followed by marsupilization. Histopathology revealed section of vaginal wall with subepithelial infilration of neutrophils and lymphocytes. No. evidence of malignancy was seen.

Keywords. Anterior vaginal wall swelling, paraurethral abcess, vaginal discharge.

INTRODUCTION.

All paraurethral masses do not always represent urethral diverticula, thus the differential diagnosis of anterior vaginal wall masses must be considered[1]. The paraurethral mass includes skene's gland abcess (located lateral to urethral meatus), Gartner duct cyst, ectopic urethrocoele, urethralcarcinoma and periurethral or vaginal fibroma or myoma[2]. Compression of the mass (which is usually tender)may result in pus or blood as in case of periurethral abscess. In this case report we present one such case managed in our department.

CSE SUMMARY

The patient 25 years old P5 + 0 whose last child was born 2 years back, presented with history of something coming out of vagina for the last 5 years and a history of excessive foul smelling vaginal discharge for the past 1 year off and on. There is no history of change in the size of smelling, no urinary complaint and no history of dyspairunia.

On clinical examination she was febrile. On vaginal examination an anterior vaginal wall swelling 6 x 6cm size around the anterior lip of cervix was seen. It was firm in consistency. Excessive foul smelling discharge was seen. Her Laboratory Investigations revealed Leukocytosis of 60%. Renal function tests were with in normal limit. On ultrasound a Hypoechoic cystic mass was seen near cervical region measuring 5.3 x 4.7cm. Urethral diverticulum was excluded by IVP. Patient was administered I/V antibiotics. An incision and drainage was planned. On EUA an abcess in middle part of anterior vaginal wall of 6x7cm was seen with foul smelling pus oozing out from punctum. A cruciate incision was extended upwords from the site of punctum. 300ml of pus was drained. Redundent vaginal wall was excised and marsuplization was done. Wall of abcess was sent for histopathology. Patient did well post operatively. Section of wall of vagina revealed focal ulceration, congestion of blood vessels with sub epithelial infiltration of plasma cells, lymphocytes and neutrophils.

The pus cytology showed no malignant cells but numerous neutrophils and necrotic tissue. The C/S was found to be negative.

The postoperative period remained uneventlful and patient was discharged on 3rd postoperative day for 3 consecutive weekly follow-ups.

DISCUSSION

A diagnosis of cyst of skene's (paraurethral) tubules was made which resulted due to blockage of their openings by previous infection. It presents as a swelling low down on anterior vaginal wall. The cysts can become infected to cause a paraurethral abcess[3-4] as in this case. A female urethral diverticulum may also occasionally present as a large periurethral abcess that

1. Department of Surgery, Memon Medical institute hospital Karachi

may not respond to antibiothics.

The abcess may be initially drained with incision and diverticulectomy is performed later[5]. Spence and Dukett[6] described the technique of marsuplization of distil urethra.

Paraurethral cysts are derived from remnants of embryonic tissue or develop as a result of chronic paraurethral gland obstruction. The diagnosis was based on clinical findings and radiological studies are advised to demonstrate the absence of communication with urethra or association with other pathologies.

CONCLUSION

A diagnosis of cyst of shene's (paraurethral) tubules was made which results due blockage of their openings by previous infection. It presents a swelling low down on anterior vaginal wall. The cyst can lee come lactone infected to cause a paraurethar absces[3-4] as in the case.

A female urethral divarication may also occasionally present as a large perier urethral abseess that may not respond to antibiotic,

The abscess may be initially drained with incision and diverticulectomy is performed later[5]. Spencer and Dukett[6]. described the technique of marsupilization of distal urethra.

The post operative period remained uneventful as the patient was discharged on 3rd post operative day for 3 consecutive weekly follow ups.

REFERENCE

1. Stovall TG, Muram D, Long DM, A case report. J repord Med. 1989; 34(6): 423-425.
2. Sharifi _ Aghdas F, Ghadetian N. Female pareurethral cysts: experience of 25 cases. BJU Int 2004; 93(3): 353-356.
3. Blaivas JG, Pais VM, Retik AB. Paraurethral cysts in female, urology 1976; 7(5): 504-507.
4. Kimbrough HM et al. Skene's duct cyst in a new born. Case report and review of literature. J Urol 1977; 117(3): 387-388.
5. Deppisch LM Cysts of the vagina: classification and clinical correlations. Obstet Gynecol 1975; 45(6): 387-388.
6. Female paraurethral cysts. Experience of 4 case. www.actasurologicas./jan2006/30nl.p83htm.