

Bartholin's abscess and *Chlamydia trachomatis*

Case report

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INTRODUCTION

The Bartholin's gland abscess is a common benign disease usually treated by surgical technique. Little investigation has been done as to its etiology (^{1, 2, 3, 4}).

The infection seems to be produced by a great variety of microorganisms, such as Aerobic, Facultative and Anaerobic bacteria, as reported in a recent study (¹).

We present below a case of Bartholin's gland abscess where the microbiological test resulted positive for *Chlamydia trachomatis*.

CASE REPORT

In August 1992 a 40-year-old woman was admitted to the Obstetrics and Gynecological Clinic of University of Ferrara with a diagnosis of right Bartholin's gland abscess.

Her past medical and gynaecological history were negative except for one marsupialization of the left Bartholin's gland abscess eight years before.

The patient complained of severe pain and progressive enlargement of the right Bartholin's gland beginning 10 days before, which, after

physical examination, appeared to be the site of a localized, painful and fluctuant swelling.

On an outpatient basis, the patient had taken Ampicillin and Nimesulide. This therapy was continued during the first days of hospitalization.

The routine laboratory findings were negative except for a slight increase of the fibrinogen (555 mg/dl) and of the white blood cells ($9.700/\text{mm}^3$).

The patient underwent surgical incision of the abscess that led to the drainage of approximately 100 cc of foul-smelling, purulent and greenish fluid.

The aspirate of pus from the Bartholin's gland abscess was studied for Aerobic bacteria as follows: azide sheep blood agar plate for Streptococci isolation, mannitol salt agar plate for Staphylococci isolation, Mac Conkey's agar plate for the recovery of Enterobacteriaceae, Tayer-Martin agar plate (incubated at 35° to 37°C in atmosphere of 5% CO₂) for Neisseria gonorrhoeae isolation, Gardnerella agar (with the addition of one disk of metronidazole and one of sulphonamide) for the recovery of Gardnerella vaginalis. In parallel the specimen was inoculated into an aerobic vial, incubated and periodically monitored in order to evaluate the presence of microbial metabolism (Bactec system NR 860).

An aliquot of pus was inoculated into a test-tube to study *Chlamydia trachomatis* using a DNA-PROBE (Gen-Probe Pace 2, Medical System, Genova).

The study of *Ureaplasma urealyticum* and of *Mycoplasma hominis* was not carried out since these bacteria are not commonly deemed responsible for Bartholin's gland infection.

It was not possible to perform research on Anaerobic bacteria due to technical problems. Their presence, however, had been supposed on the ground of the features of the drained material (typical smell).

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After surgery the patient continued the antibiotic therapy with Spiramycin. She was then discharged and on the basis of the microbiological results placed on a regimen of oral doxycycline for ten days.

DISCUSSION

In recent years greater attention has been given to Chlamydia trachomatis as an etiological agent in the pathogenesis of the female genital tract. This is due to its increasingly wide spread diffusion, caused either by an actual increase as a sexual transmitted disease or by an improvement in diagnostic techniques ^(2,5).

As to the etiology of the Bartholin's gland abscess, Lee et al. supposed the pathogenic role of Chlamydia trachomatis in the cases (10 out of 34) of Bartholin's gland abscess, which resulted negative after aerobic and anaerobic microbiological research ⁽²⁾.

Up to date literature has identified only two cases in which the creamy white non-foul-smelling material, drained from the Bartholin's gland abscess, resulted positive for Chlamydia trachomatis antigens ^(6,7).

In our case the peculiar association between Chlamydia trachomatis and Anaerobic bacteria shows the necessity for an appropriate antibiotic treatment.

Chlamydia trachomatis and many of the Anaerobic bacteria are, in fact, resistant to the Penicillins as well as many of the Cephalosporins, antibiotics often administered on an outpatient basis ^(1,8).

In conclusion we suppose that a correct approach to Bartholin's gland infection should include a wide microbiological research in order to choose the correct antibiotic therapy.

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