

A CASE OF RECURRENT PERICLITORAL ABSCESS

Tadios Asres MD¹, DTM & H; Matiyas Asrat¹, MD; Lemi Belay¹, MD

¹Department of Obstetrics and Gynecology, St Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia

ABSTRACT

Periclitral abscess is a rare entity, with publication limited to case reports. The researchers report a case of spontaneous periclitral abscess in 20 years old patient which was treated with intravenous antibiotics, later underwent spontaneous drainage and marsupialization was done.

KEY WORDS: Abscess, clitoris, periclitral

(Ethiopian Journal of Reproductive Health 2018;10:62-64)

INTRODUCTION

Periclitral abscess is a rare gynecological condition with few cases reported. There is no enough available evidence for treatment, except case reports. Treatment is based on personal experience.

CASE REPORT

A 20-year-old patient (nulligravid) presented with complaint genital swelling and pain of four days duration. She had two previous similar episodes prior to current presentation. The first was six months back and subsided after she took oral Amoxicillin. The second was two months prior to current presentation and improved after taking unspecified antibiotics. She was on monogamous sexual relationship with her boyfriend. She was not circumcised.

The lump was tender and fluctuant. There was no ulceration and the rest of the genital structures ap-

peared normal. She was started on clindamycin. After two days of antibiotics the abscess drained spontaneously. Marsupialization was done on the same day. Gram stain of the abscess showed gram positive cocci and culture showed *Escherichia coli*. The patient was discharged the same day. There was no recurrence after one month follow up.

DISCUSSION

Most of the cases with periclitoral abscess are patients who had been subjected to genital mutilation procedures⁽¹⁾. Spontaneous periclitoral abscess is a rare entity, with publication limited to a few case reports. In most of the reported cases, the etiology for the development of such spontaneous abscess was unknown. Several microorganisms have been isolated in some of the published cases: coagulase-positive *Staphylococcus*, *Streptococcus bovis*, *Diphtheriae* species, and *Bacteroides* species^{2,3}.



There is no established optimal management for periclitoral abscesses. In all of the case reports the choice of management was subjective and based on physician personal experience and convenience. Some patients were treated with expectant management until spontaneous drainage or resolution^{4,5}. The other options of treatment include local incision or marsupialization as in our case^{2,6}. Some of the cases were treated with local excision^{7,8}.

Almost all of the cases presented recurrences in the following months or years after the first episode, which were irrespective to the initial method of treatment. These findings do not lead to any conclusion that favors use of antibiotics, expectant or surgical management as a proper treatment of the initial episode. As for recurrent episodes, it seems to be sensible to offer either marsupialization or excision of the abscess cavity as treatment options⁶.

In conclusion, spontaneous periclitoral abscess is a rare entity with no established standard management. Further studies are needed to understand clinical features of this rare disorder and define the best management options.

Corresponding Author:

Tadios Asres, MD

Department of Obstetrics and Gynecology, St Paul's Hospital Millennium Medical College, Addis Ababa,

Ethiopia

tadiosm@gmail.com

REFERENCES

1. Dave AJ, Sethi A, Morrone A. Female genitalmutilation: what every American dermatologistneeds to know. *Dermatol Clin* 2011;29: 103-9.
2. Sur S. Recurrent periclitoral abscess treated by marsupilization. *Am J ObstetGynecol*1983;147: 340.
3. Kent SW, Taxiarchis LN. Recurrent periclitoralabscess. *Am J Obstet Gynecol* 1982;142: 355-6.
4. Lara-Torre E, Hertweck SP, Kives SL, PerlmanS. Premenarchal recurrent periclitoral abscess: a case report. *J Reprod Med* 2004;49: 983-5.
5. Mendilcioglu I. Recurrent periclitoral abscess: treatment of a rare cause of vulvar pain.*Eur J ObstetGyne- colReprodBiol* 2007;131: 101-2.
6. Koussidis J. Periclitoral abscess. *Am J ObstetGynecol* 2012.
7. Werker PM, Kon M. A pilonidal sinus of theclitoris? *Ann PlastSurg* 1990; 25:63-4.
8. Maor-Sagie E, Arbell D, Prus D, Israel E, Benshushan A. Pilonidal cyst involving the clitoris in an 8-year-old girl—a case report and literaturereview. *J Pediat*