CONDITION

Bartholin cyst or abscess

Learn how a Bartholin cyst or abscess causes a lump near the vaginal opening, how it is diagnosed, and which treatments and warning signs matter.

WHAT IT IS
Blocked Bartholin duct causing a fluid-filled cyst or pus-filled abscess

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
One-sided vulvar lump, pain, rapid swelling, fever

WHAT CAUSES IT
Unknown blockage cause, sometimes bacterial infection

HOW IT IS DIAGNOSED
Vulvar examination

MAIN TREATMENT
Drainage procedures

CAN IT BE CURED?
Sometimes - treatment effective but recurrence common

IS IT AN EMERGENCY?
Sometimes - confusion, fainting, trouble breathing, or rapidly worsening illness

LONG-TERM OUTLOOK
Usually heals without lasting problems but recurrence is common

Overview

The Bartholin glands are two small glands located beneath the skin on either side of the vaginal opening. They release a small amount of fluid through narrow tubes called ducts. This fluid helps lubricate the vulva, which is the external genital area.

A Bartholin cyst forms when one of these ducts becomes blocked and fluid collects behind the blockage. The cyst is usually on only one side. A small cyst may cause no symptoms and may be found during a routine pelvic examination.

If bacteria infect the blocked gland or cyst, a pocket of pus can form. This is called a Bartholin abscess. An abscess may become painful quickly and can make sitting, walking, or having sex difficult.

Bartholin cysts and abscesses are usually not dangerous. However, an abscess often needs drainage by a clinician. Treatment is also important when a lump keeps returning or when its location, appearance, or timing raises concern for another condition.

A new Bartholin-area lump in someone age 40 or older, or after menopause, needs prompt medical assessment. Cancer of the Bartholin gland is rare, but a clinician may recommend testing a new mass in this age group to rule it out.

Symptoms

A small, uninfected cyst may feel like a soft, painless lump near the lower part of the vaginal opening. It can remain the same size, grow slowly, or drain without treatment.

A larger cyst may cause:

An abscess usually causes more intense symptoms. These may include:

Not every lump near the vaginal opening is a Bartholin cyst. Other possibilities include a skin cyst, an infected hair follicle, a hernia, or another vulvar growth. An examination is the safest way to identify the likely cause.

- A lump on one side of the vaginal opening
- Pressure or discomfort while walking, sitting, or exercising
- Pain during sex
- A feeling of fullness or uneven swelling in the vulva
- A very tender or throbbing lump
- Rapidly increasing swelling
- Red, warm, or tight skin over the area
- Pain that interferes with sitting or walking
- Pus or foul-smelling drainage if the abscess opens
- Fever or feeling unwell in some cases

Causes and risk factors

A cyst begins when the Bartholin duct becomes blocked. The exact reason for the blockage is not always clear. Irritation, inflammation, an injury, thick mucus, or scarring near the duct opening may contribute.

If bacteria enter the blocked area, an abscess can develop. These infections may involve several kinds of bacteria. Some normally live on the skin or in the bowel. Sexually transmitted infections, including gonorrhea or chlamydia, can sometimes be involved, but many Bartholin abscesses are not caused by a sexually transmitted infection.

Factors that may increase the chance of a cyst or abscess include:

A Bartholin cyst is not evidence of poor hygiene. It can also occur in someone who is not currently sexually active.

- Being in the reproductive years, when the glands are most active
- Having had a previous Bartholin cyst or abscess
- Irritation or injury around the vaginal opening
- Exposure to a sexually transmitted infection

Diagnosis

A clinician usually diagnoses a Bartholin cyst or abscess by asking about the symptoms and examining the vulva. The examination looks at the lump's location, size, tenderness, skin changes, and whether fluid is draining.

A pelvic examination may be recommended, especially if there are symptoms such as vaginal discharge, pelvic pain, or bleeding. Testing for gonorrhea, chlamydia, or other infections may be appropriate based on symptoms, age, exposure history, or examination findings. Fluid from an abscess may sometimes be sent to a laboratory, particularly if the infection is severe, unusual, or recurrent.

A biopsy removes a small sample of tissue for examination under a microscope. A clinician may recommend a biopsy or removal of the mass when it is new in someone age 40 or older, occurs after menopause, feels solid or fixed, or does not look like a typical cyst. This precaution helps exclude rare forms of vulvar cancer.

Imaging is not usually needed for a typical cyst or abscess. An ultrasound or another scan may be considered if the diagnosis is uncertain, the mass is deep, or another condition is suspected.

Treatment and management

Treatment depends on whether the area is painful or infected, how large it is, and whether it has happened before.

A small cyst that causes no symptoms may not need treatment. Warm water soaks, sometimes called sitz baths, may ease mild discomfort and encourage a small cyst to drain on its own. A sitz bath involves sitting in a shallow basin or bathtub of comfortably warm water.

Do not squeeze, cut, or puncture the lump at home. This can worsen pain, push infection into nearby tissue, or cause bleeding.

An abscess often needs a procedure to release the pus. A clinician can numb the area with local anesthetic before making a small opening. Common procedures include the following.

Word catheter placement: After the abscess or cyst is opened and drained, a small tube with a tiny balloon may be placed in the opening. The catheter is usually left in place for several weeks so a new drainage channel can form. Normal daily activity may be possible while it is in place, although the area can remain tender at first.

Marsupialization: The clinician opens the cyst and stitches its edges to the surrounding skin. This creates a lasting opening for drainage. It may be used for a cyst or abscess that has returned, when a catheter is unsuitable, or when previous treatment did not work.

Simply cutting and draining the abscess without keeping the opening from closing has a higher chance of recurrence. For that reason, a catheter or marsupialization is often considered when practical.

Antibiotics like amoxicillin or doxycycline are not automatically needed after every drainage procedure. A clinician may prescribe them when there is infection spreading into nearby skin, fever or other signs of systemic illness, a confirmed or suspected sexually transmitted infection, or another medical reason for added treatment. Antibiotic selection depends on the clinical situation and local resistance patterns.

Pain can often be managed with warm soaks and nonprescription pain medicine when it is safe for the person to use. A pharmacist or clinician can help someone choose an appropriate product based on pregnancy, allergies, other medicines, and health conditions.

For repeated cysts or abscesses, referral to a gynecologist may be appropriate. In selected cases, the entire Bartholin gland may be removed. Gland removal is more involved than drainage and is usually reserved for persistent recurrence, concern about the diagnosis, or failure of less invasive treatments.

If an abscess opens on its own, pain may improve quickly. Keep the area clean and allow it to drain. It is still reasonable to contact a clinician, especially if swelling remains, symptoms return, or there is fever or spreading redness.

Complications

The most common complication is recurrence. The opening can close again, allowing another cyst or abscess to form. Recurrence may be more likely after spontaneous drainage or a simple incision that closes before a permanent drainage tract develops.

An untreated abscess can sometimes lead to cellulitis, which is an infection spreading through the nearby skin. More extensive infection is uncommon but needs prompt treatment.

Drainage procedures can cause temporary pain, bleeding, bruising, or infection. A Word catheter may fall out before the drainage tract has formed. Marsupialization or gland removal may lead to scar tissue or discomfort during sex, although many people heal without lasting problems.

Bartholin gland cancer is rare. The main concern is not that a typical cyst will turn into cancer, but that a different type of growth can sometimes resemble a cyst. This is why a new or unusual mass later in life requires medical assessment.

Follow up

After a drainage procedure, follow the clinician's instructions for washing, bathing, activity, and sexual contact. Mild drainage or spotting can occur while the area heals. A pad or panty liner may be helpful.

If a Word catheter was placed, a follow-up visit may be needed to check its position and remove it at the appropriate time. Contact the treating clinic if the catheter falls out early. It may not always need to be replaced, but that decision depends on how long it was in place and whether the opening remains clear.

Arrange routine follow-up if:

Seek same-day medical care for severe or rapidly worsening pain, fever, spreading redness, increasing swelling, difficulty urinating, or feeling significantly unwell. People who are pregnant, have a weakened immune system, or have poorly controlled diabetes should seek prompt advice about a painful or infected vulvar lump.

Go to an emergency department for signs of a severe infection, such as confusion, fainting, marked weakness, trouble breathing, or rapidly worsening illness. These symptoms are not typical of a simple cyst.

- The lump does not improve or keeps returning
- Pain or swelling remains after treatment
- Drainage continues longer than expected

- There is discomfort from a catheter or healing incision
- A new lump develops, particularly at age 40 or older or after menopause
- There may have been exposure to a sexually transmitted infection

Sources

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