CONDITION

Bartholin gland cyst

Learn how a blocked Bartholin gland can cause a vulvar cyst or abscess, including symptoms, diagnosis, treatment, follow-up, and when to seek urgent care.

WHAT IT IS
Fluid-filled lump from a blocked Bartholin duct

BODY SYSTEM
Reproductive system

MAIN SYMPTOMS
One-sided vulvar lump, pressure, tenderness, discomfort walking or sitting

WHAT CAUSES IT
Blocked duct, sometimes bacterial infection

HOW IT IS DIAGNOSED
Symptom review and vulvar examination

MAIN TREATMENT
Observation or drainage procedures

CAN IT BE CURED?
Sometimes, but cysts can recur

IS IT AN EMERGENCY?
Sometimes, with confusion, fainting or difficulty breathing

LONG-TERM OUTLOOK
Recurrence is the most common complication

Overview

The Bartholin glands are two small glands located near the opening of the vagina, one on each side. They release fluid through narrow tubes called ducts. This fluid helps lubricate the vaginal opening.

If a duct becomes blocked, fluid can collect inside it. The resulting lump is called a Bartholin gland cyst, or Bartholin duct cyst. A cyst may stay small and cause no symptoms. A larger cyst can make walking, sitting, exercise, or sex uncomfortable.

A cyst can become infected and form a pocket of pus called an abscess. A Bartholin abscess is usually very painful and often needs medical treatment.

Bartholin cysts and abscesses most often occur after puberty and before menopause. A new

lump in the area of a Bartholin gland should be examined in people older than 40 or after menopause. Most lumps are not cancer, but Bartholin gland cancer is rare and may resemble a cyst.

Symptoms

A small, uninfected cyst may not be noticeable. It may be found during washing, sex, or a pelvic examination.

When symptoms occur, they may include:

An abscess usually causes stronger symptoms. The lump may enlarge quickly and become very tender. Pain can be severe enough to make sitting or walking difficult. The skin may look red or feel warm. Pus may drain if the abscess opens on its own.

Fever or feeling generally unwell can occur, although not everyone with an abscess has these symptoms.

Other conditions can also cause a vulvar lump. These include skin cysts, ingrown hairs, benign growths, hernias, and, rarely, cancer. The location and symptoms alone cannot always confirm the cause.

Arrange a routine medical visit if a lump is new, lasts more than a few days, keeps returning, or causes discomfort. People older than 40 or past menopause should have a new Bartholin-area lump assessed promptly, even when it is not painful.

Seek same-day medical care for rapidly increasing swelling, severe pain, fever, spreading redness, or drainage accompanied by feeling unwell. Prompt advice is also important for people who are pregnant, have a weakened immune system, or have poorly controlled diabetes.

Go to emergency care for confusion, fainting, difficulty breathing, or other signs of severe illness.

- A soft or firm lump on one side of the vaginal opening
- A feeling of pressure or fullness in the vulva, the external genital area
- Discomfort while walking, sitting, exercising, or having sex
- Mild tenderness if the cyst is irritated
- Uneven swelling around the vaginal opening

Causes and risk factors

A Bartholin cyst begins when the opening of a gland's duct becomes blocked. The exact reason is not always clear. Thick fluid, swelling, irritation, scar tissue, or injury near the duct may contribute.

Bacteria can enter trapped fluid and cause an abscess. These infections often involve a mixture of bacteria normally found on the skin, in the vagina, or around the bowel. Sexually transmitted infections, including gonorrhea or chlamydia, can sometimes be involved. However, having a Bartholin abscess does not automatically mean that a person has a sexually transmitted infection.

Possible risk factors include:

A cyst is not caused by poor hygiene. Washing inside the vagina, using scented products, or scrubbing the vulva will not prevent it. These practices may instead irritate sensitive tissue. Gentle external washing with water or a mild, unscented cleanser is usually enough.

Bartholin cysts are not generally considered contagious. If an underlying sexually transmitted infection is found, that infection can be passed between sexual partners and requires separate treatment.

- Being of reproductive age
- Having had a Bartholin cyst or abscess before
- Irritation, injury, or a procedure near the vaginal opening
- Exposure to bacteria that can infect a blocked duct

Diagnosis

A clinician usually diagnoses a Bartholin cyst or abscess by asking about symptoms and examining the vulva. The examination helps identify where the lump is located, whether it is tender, and whether there are signs of infection.

The clinician may ask:

A pelvic examination may be recommended. If fluid or pus is draining, a sample may sometimes be sent to a laboratory to identify bacteria. Testing for gonorrhea, chlamydia, or other infections may be offered based on symptoms and sexual history.

Imaging is not usually needed for a typical cyst or abscess. Ultrasound or another test may be considered if the diagnosis is uncertain, the lump is unusually located, or it appears to involve deeper tissue.

A biopsy removes a small tissue sample for examination under a microscope. Clinicians commonly consider biopsy or removal of a new Bartholin-area mass in someone older than 40 or after menopause. It may also be considered when a lump is solid, fixed in place, irregular, or does not respond as expected to treatment. This is done to exclude rare forms of cancer, not because most Bartholin lumps are cancerous.

- When the lump appeared and whether it has changed
- Whether there is pain, drainage, fever, or pain during sex
- Whether similar lumps have occurred before
- About pregnancy, medical conditions, and medicines
- About possible exposure to sexually transmitted infections

Treatment and management

Treatment depends on the size of the cyst, the level of discomfort, whether infection is present, and whether the problem has happened before.

A small cyst that causes no symptoms may not need treatment. A clinician may recommend observation and instructions about what changes to watch for.

For mild discomfort, soaking the affected area in warm water several times a day may encourage a small cyst to drain. This is sometimes called a sitz bath. Over-the-counter pain medicine may help if it is safe for the individual, but label directions and advice from a clinician or pharmacist should be followed.

Do not squeeze, puncture, or try to drain a cyst at home. This can injure the tissue, spread infection, or cause the opening to close before drainage is complete.

A painful abscess or a large symptomatic cyst often requires a drainage procedure. Local anesthetic may be used to numb the area. Common procedures include:

Simply draining the cyst with a needle or making a cut without keeping the opening in place may provide short-term relief, but the cyst is more likely to return. The most appropriate procedure depends on the clinical situation and available expertise.

Antibiotics like amoxicillin or doxycycline are not required for every drained cyst or abscess. Drainage is often the main treatment. A clinician may prescribe antibiotics when there is spreading skin infection, significant illness, certain health risks, or evidence of a sexually transmitted or urinary infection. Antibiotic selection depends on the likely bacteria, test results, allergies, pregnancy status, and local resistance patterns.

If a sexually transmitted infection is diagnosed, treatment may also involve testing or treating sexual partners and avoiding sexual contact until the infection has been managed. A clinician can give specific advice.

After a procedure, mild soreness or drainage may occur. Pads rather than tampons may be easier to use while the area heals. Follow the care team's instructions about bathing, exercise, sex, wound care, and when to return. A catheter that falls out early should not be reinserted at home; contact the treating clinic for advice.

- Word catheter placement: A small cut is made to drain the fluid. A thin tube with a tiny balloon is placed in the opening and left temporarily while a new drainage channel forms.
- Marsupialization: The cyst is opened and drained, and its edges are stitched to the surrounding tissue. This creates a lasting opening that reduces the chance of another blockage.
- Gland removal: Removal of the Bartholin gland may be considered for persistent or repeatedly recurring cysts or when tissue examination is needed. This is a more involved procedure and is not the usual first treatment.

Complications

The most common complication is recurrence. A cyst or abscess can return if the duct becomes blocked again or if a drainage opening closes too soon. Recurrence may lead to discussion of a different procedure.

An untreated abscess may become larger, drain unexpectedly, or spread infection into nearby skin. Severe infection is uncommon but requires prompt treatment.

Procedures can cause pain, bleeding, infection, scarring, or discomfort during healing. A catheter may become uncomfortable or fall out before the drainage tract has formed. Marsupialization and gland removal have their own surgical risks, which should be reviewed before treatment.

Bartholin gland cancer is rare. The main concern is a new or unusual mass in an older adult, particularly after menopause. Assessment and, when appropriate, biopsy help distinguish a benign cyst from other conditions.

Follow up

Follow-up needs vary. An uncomplicated cyst that improves without a procedure may only

need routine monitoring. Return for medical assessment if it enlarges, becomes painful, drains foul-smelling material, or does not settle.

After catheter placement or marsupialization, attend the recommended follow-up visit. The clinician may check healing, remove a catheter if needed, review laboratory results, and discuss ways to manage recurrence.

Contact the clinic sooner if pain or swelling is getting worse rather than better. Fever, spreading redness, heavy bleeding, difficulty urinating, or feeling unwell should be assessed promptly.

If a cyst opens and drains on its own, keep the area gently clean and use a pad to absorb fluid. Do not probe the opening. Medical review is still appropriate if pain continues, the lump remains, or signs of infection develop.

A recurring lump should not simply be assumed to be the same condition each time. Reassessment can confirm the diagnosis and help determine whether a longer-lasting drainage procedure, biopsy, or specialist referral is appropriate.

Sources

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