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Marsupialization

Indications

1. Symptomatic Bartholin's duct cyst
2. Cyst recurrence despite treatment with a Word Catheter
3. Physician's preference as first line technique
4. Note:
    - Asymptomatic cysts do not require intervention

Contraindications

1. Should not be performed when abscess is present
2. Rule out co-existing dz
    - Active local infection (candidiasis) may predispose to secondary infection

Materials

1. Sterile gloves
2. Antiseptic solution (povidone)
3. Local anesthetic
    - 1 or 2% lidocaine
4. 3-0 or 4-0 absorbable suture on small cutting needle
5. Small needle driver
6. Scissors
7. Hemostats
8. Forceps
9. Culture media
10. Silver nitrate sticks
11. Gauze pads

PROCEDURE

Positioning

1. Place patient in lithotomy position

Step-by-Step

1. Obtain informed consent
2. Ensure that the patient does not have any allergies or hypersensitivity reactions to any agents such as iodine, amide type anesthetics
3. Prepare area of the cyst and surrounding area with sterilizing solution
4. After sterile preparation
    - #11 scalpel is used to make a vertical elliptic incision just inside or outside the hymenal ring, but not on the outer labium majus or minus
5. Incision should be
    - 1.5-3 cm long depending on cyst size
    - Deep enough to include both vestibular skin and underlying cyst wall
6. After cyst is vertically excised, cavity drains spontaneously
7. Cavity may also be irrigated with saline solution and if necessary loculations are broken up with hemostat
8. Oval wedge of vulvar skin and underlying cyst wall should be removed

9. Cyst wall is then everted and approximated to the edge of vestibular mucosa with interrupted 2-0 absorbable suture
10. Silver nitrate sticks or direct pressure can be used for hemostasis of skin edge
11. New tract will slowly shrink over time and epithelialize, forming a new duct orifice

Post-Procedure

1. Daily sitz baths should begin on 1st day post-op
2. Instruct pt to report any redness, fever, pain, abnormal discharge or swelling
3. Broad spectrum antibiotic Tx if secondary infection develops (extreme cellulitis not improving) or in immuno-compromised pts
4. Good personal hygiene is required
5. Sanitary pads may be worn to collect any drainage
6. Pt may use mild analgesics to treat pain if present for a few days

Pearls

1. Straight forward procedure that can be performed in the office or outpatient surgical suite in about 15 minutes using local anesthesia
2. Do not overly rely on topical anesthetics
    - They do little good unless left in place long enough to be absorbed

Complications

1. Dyspareunia
2. Hematoma
3. Infection

Recurrence

1. Recurrence rate of Bartholin's duct cysts after marsupialization is 5-15%

Cautions

1. Perform biopsy of the cyst wall if presentation is suggestive of malignancy:
    - Age > 40 years
    - No improvement with treatment
    - Known history of genital malignancy
    - Chronic mass, or if cyst is recurrent, irregular, nodular or persistently indurated

References

1. Hill DA, Lense JJ. Office Management of Bartholin gland cysts and abscesses. Am Fam Physician 1998;57:1619-20
2. Omole, F, Simmons, BJ, Hacker, Y. Management of Bartholin's duct cyst and gland abscess. Am Fam Physician 2003; 68: 135.

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