Periclitoral abscess is a rare cause of severe vulvar pain and exceedingly infrequent occurrence after perineal injury of vaginal birth. Case: A 39-year-old woman was presented with severe tenderness and swelling of clitoris. In her past medical and obstetric history, she had 3 normal vaginal deliveries, the third one was 3 years ago, in which she had perineal injury around the clitoral region, and was repaired immediately after the delivery. After 6 weeks of the delivery, her complaints began and she had symptom of a tender swelling of the periclitoral region, which resolved following spontaneous antibiotic therapy. During the last 2 years she stated that she had the same condition 4-5 times in a year. In each time, the condition resolved partially after antibiotic therapy. She had no history of sexually transmitted disease. In her past medical and obstetric history, she had 3 normal vaginal deliveries, the third one was 3 years ago, in which she had perineal injury around the clitoral region, and was repaired immediately after the delivery. After 6 weeks of the delivery, her complaints began and she had symptom of a tender swelling of the periclitoral region, which resolved following spontaneous antibiotic therapy. During the last 2 years she stated that she had the same condition 4-5 times in a year. In each time, the condition resolved partially after antibiotic therapy. She had no history of sexually transmitted disease. This time the condition was more severe and she was referred to our clinic with acute severe vulvar pain. After taking full his-
tory and physical examination was done, she was admitted to our clinic and antibiotic therapy with combination of ampicilline + gentamycin was began besides giving adequate analgesia.

On the third day of antibiotic treatment, under pseudoanalgesia, the abscess was drained from a 2-cm wide incision on the lateral side of the prepucce avoiding injury to the clitoris, the cavity was drained and washed with saline then closed using 3/0 catgut with interrupted sutures (Fig.2) Streptococci bacteria were identified from the culture. In our case, healing was not delayed and no discomfort has been reported postoperatively. One week later the patient was free of symptoms and the swelling completely resolved (Fig.3). Complete recovery was obtained one month later.

Discussion

Periclitoreal abscess has been reported in several cases in the literature up to now. Female circumcision is usually the most common cause of periclitoreal abscess. Some of the previous cases were complication of female circumcision. In other cases, the cause of the abscess is unknown. No venereal etiology has been reported in previous cases. In our case, the patient had her first occurrence of a periclitoreal abscess after perineal injury around the clitoral region following normal vaginal delivery. Evidence suggests that sexually transmitted diseases do not seem to be the cause of periclitoreal abscess. Similarly, the present case had no history of sexually transmitted diseases.

Pilonidal abscess of the periclitoreal region has also been reported with similar findings in some other patients with periclitoreal abscess. Although it may be difficult to find hair in the abscess cavity, pilonidal sinus is the most likely cause of the disorder. However, we did not observe any hair in the abscess cavity. Treatment of the disorder may be performed according the patients age and severity of complaints. Marsupialization has been described as a successful method for treating periclitoreal abscesses in reproductive ages. However, in some reports injury to the clitoris was described as a limitation of this treatment and antibiotic treatment has been advocated. On the other hand, medical treatment could be recommended as the first option because of its noninvasiveness in premenarchal girls.

Periclitoreal abscess is a rare cause of vulvar pain that sometimes can be treated conservatively with antibiotics and analgesia but in recurrent cases, surgical treatment should be preferred for therapeutic option as it facilitates exploring the cavity and extracting potential causes. The incision should be made as laterally as possible so as not to damage the clitoris. Postoperatively, no additional medical care is needed. In addition, perineal conservation should be performed cautiously during vaginal birth.

Doğum Travmasına Bağlı Tekrarlayan Periklitoral Abse: Olgu Sunumu

References


