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Unilateral Bartholin gland cyst in nondescript goat

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Abstract

The Bartholin glands or vestibular glands are a tubulo-alveolar type of glands that secrete mucus during the estrus phase of the oestrus cycle. They are paired glands, located one on either side of the vestibule of the external genitalia. A nondescript doe was presented with a history of a tennis ball-sized swollen mass protruding outside the vulva. On clinical examination, a unilateral soft mass was noticed and fluctuating without adhesion per vaginally. Doe didn't feel any pain on palpation, and upon fine needle aspiration, it was observed that the mass was filled with fluid. Under caudal epidural anesthesia, an incision was made to remove the gelatinous mucus secretion, which was found inside the mass. It was treated with povidone iodine and maintained under proper post-operative care after evacuation of fluid from the cyst, and the animal recovered eventually; there was no history of recurrence. This was the first case report in goat in India.

Keywords: Bartholin gland, tubulo-alveolar, vestibular gland

Introduction

The Bartholin glands are paired tubulo-alveolar glands and are located on either side of the external vaginal opening. Their ducts open into the vestibule, caudal to the vagina, and the secretion helps to lubricate the female reproductive tract during copulation and parturition (Marzano and Haefner, 2004) ^[2]. The Major Bartholin glands were commonly observed in cow, queen and sometimes in ewes. Minor Bartholin glands were noticed in bitch, ewe, mare, and sow. The formation of a cyst may occur due to the obstruction of the ducts, which results in the redirection of fluid into the glands, causing painless swelling of the glandular structures. When the fluid within the cysts gets infected, that leads to the development of pus formation. Fahami *et al.* (1978) ^[1] detected *Brucella abortus* in the cystic fluid in some cases. Peled- Neha *et. al.* (2004) ^[3] reported *Brucella melitensis* in the infected cystic fluid in humans. This report covers the broad outline of the Bartholin gland cyst and its management on field level.

Case history and observations

A two-year-old non-descript doe was brought to the dispensary with the history of a mass present in its vulvar region. Physiological parameters were observed and recorded as follows: rectal temperature 101.5 F, respiratory rate 20/minutes and pulse rate 75/minute. On clinical examination, the tubular pedunculated mass was emerging from the posterior aspect of the vagina. The mass was measured approximately, the size of a tennis ball, and the vaginal mucosa was protruded between the vulvar lips and smeared with soil. Per vaginal examination showed that the wall of the mass was thin and supplied by small blood vessels. On palpation, the mass was soft, fluctuating with no pain. Fine needle aspiration was done to observe the content of the mass and a minimal amount of fluid oozed out. Incision on the ventral aspect of the mass revealed the presence of gelatinous/ mucinous fluid inside the cavity of the cyst. Around 30 ml of mucus fluid was drained and collected for microscopical examination.

Treatment and Discussion

The antiseptic lavage was performed with potassium permanganate solution to remove the secretions and mucus adhesions. Epidural anesthesia was administered with 2 mL of 2%

lignocaine hydrochloride to prevent straining and to facilitate easy manipulation. The incision site was aseptically prepared, and the incision was made on the ventral surface of the cyst by using a sterile BP blade to remove gelatinous mucus secretion from the cyst. The fluid was collected and measured at around 30 mL. All the contents were carefully and the cystic membrane was completely removed. An anti-septic dressing was done using betadine, and the entire vaginal passage was smeared with cetrimide ointment to prevent further complications. Post-operative care was done by administering a non-steroidal anti-inflammatory drug-Meloxicam @0.5 mg/Kg body weight was given, and antibiotics (Amoxicillin @ 10 mg/kg) were used to prevent infection, and the same was continued for three days. After the surgical procedure, the vulva and vagina became normal as they had previously. The case was followed up on for three days.

Although it did not interfere with conception, as stated by Roberts (1971)^[4], it may sometimes pose obstetrical problems if not treated in time (Roberts, 1986)^[5]. McEntee (1972)^[6] noted that the cyst formation in the Bartholin glands causes distortion of the external genitalia that may lead to vaginitis and endometritis conditions. In some cases, Bartholin gland cysts with a previous history of abortion may act as a reservoir for pathogenic organisms (Novak & Woodruff, 1974)^[7]. The exact cause of this condition is still unknown, but diagnosing and treating the Bartholin cyst correctly will improve the production ability of the animals. Thus, this case report recorded and summarized the managerial aspect of treating the Bartholin gland cyst in non-descript goats in India for the first time.



Fig 1: Incising the cyst with a sterile BP blade to drain the accumulated secretion



Fig 2: Removal of gelatinous mucous secretory material from the cyst

Conflict of interest

Not available.

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