

A Giant Bartholin Gland Cyst in a 47-Year-Old Woman: Functional and Aesthetic Management

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Abstract

Introduction: Bartholin gland cysts are common benign vulvar lesions in women of reproductive age. Large or recurrent cysts can be challenging to treat, particularly when they impact quality of life or body image. This case highlights the surgical management of a giant Bartholin cyst in a postmenopausal woman, with a focus on functional and aesthetic outcomes. **Case Presentation:** A 47-year-old woman presented with a large right labial mass progressively increasing over several months, associated with discomfort during walking and sitting. Clinical examination revealed a tense, fluctuant cyst arising from the right Bartholin gland. Surgical excision was performed through a concealed mucosal incision on the medial aspect of the labia majora. After removal, excess skin resulting from tissue distension was excised, and a layered closure with absorbable sutures was performed to restore vulvar symmetry. Postoperative recovery was uneventful, with excellent aesthetic and functional results at one month. **Discussion:** Bartholin cysts exceeding 4–5 cm are rare, particularly in perimenopausal or postmenopausal women. Although marsupialization remains a standard approach, complete excision may be preferred for large or symptomatic cysts. In this case, a targeted aesthetic approach was used by concealing the incision and removing redundant skin to restore anatomical symmetry. The case underlines the importance of individualized surgical planning, particularly in patients concerned about body image and aesthetics. Few reports describe the aesthetic consideration in Bartholin gland surgery, making this case a unique contribution. **Conclusion:** This case demonstrates that with careful surgical planning, large Bartholin cysts can be effectively treated with attention to both function and vulvar aesthetics. Aesthetic outcomes are increasingly relevant in vulvar surgery and deserve greater attention in the literature.

Keywords: Bartholin Cyst, Aesthetic Surgery, Vulvar Symmetry, Surgical Excision, Case Report.

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INTRODUCTION

Bartholin glands are paired mucus-secreting glands located in the posterior vaginal introitus. Their ductal obstruction leads to cyst formation, which is a frequent finding in sexually active women aged 20 to 30 years [1]. Giant Bartholin cysts are uncommon and can be particularly distressing when they cause discomfort or disturb body image. While standard surgical techniques such as marsupialization or Word catheter drainage are widely practiced, large lesions may necessitate excision. This case highlights a rare presentation of a voluminous Bartholin cyst managed surgically with aesthetic objectives in mind.

CASE PRESENTATION

A 47-year-old woman with no notable medical history presented with a vulvar swelling progressively enlarging over eight months. She reported discomfort during walking, sitting, and wearing tight clothing, but denied fever or signs of infection.

On gynecological examination, a 6 x 5 cm soft, non-tender, fluctuant cystic mass was noted on the right labia majora, consistent with a Bartholin cyst. No signs of inflammation or discharge were present. Pelvic ultrasound confirmed a unilocular fluid-filled cyst (Fig. 1).



Figure 1: Preoperative view of a large left Bartholin cyst causing vulvar asymmetry

Surgical excision under spinal anesthesia was planned. An incision was made on the medial aspect of the right labia majora to allow a concealed approach. The cyst was completely excised without rupture. Following removal, an excess of redundant skin was noted due to prior distension. This excess was excised to restore anatomical balance.

A layered closure was performed with absorbable sutures. The scar was hidden within the mucosal fold. Postoperative course was uneventful, and the patient expressed satisfaction with both functional relief and aesthetic appearance. Follow-up at one month showed symmetric labial contours with no signs of recurrence (Fig. 2).



Fig. 2:

DISCUSSION

Bartholin gland cysts are typically <4 cm and asymptomatic; however, giant cysts can cause substantial discomfort and body image disturbance [2]. Though marsupialization is often favored for recurrent or symptomatic cases [3], complete excision is preferred for large or suspicious lesions, especially in postmenopausal

women where malignancy risk, though low, is not negligible [4].

In this patient, the cyst's size and aesthetic concern guided the choice for complete excision through a concealed incision. Attention was given to preserving vulvar symmetry and avoiding visible scars, which is

rarely addressed in literature despite increasing patient interest in vulvar aesthetics [5,6].

Few reports mention aesthetic reconstruction post Bartholin gland surgery. Yet, as awareness grows, integrating aesthetic principles into gynecologic procedures can enhance patient satisfaction. Use of resorbable sutures in a multilayer closure, and concealment of the incision within natural folds, contributed to excellent outcomes.

CONCLUSION

Large Bartholin cysts, although uncommon, can be surgically managed with excellent outcomes when both functional and aesthetic aspects are considered. This case demonstrates that a tailored, discreet surgical approach can significantly improve patient comfort and self-image. Greater emphasis should be placed on aesthetic considerations in vulvar surgery, especially for women seeking complete recovery beyond symptom relief.

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