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Recurrent Clitoral Swelling in Early Pregnancy: A Case Report

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BENDIGO HEALTH

BACKGROUND

Clitoral abscess is a very rare clinical entitiy. Not uncommonly seen as a result of inclusion cyst infection after a genital mutilation procedure, spontaneous clitoral abscess is a exceedingly rare with under 20 cases reported in the literature (1). No specific aetiology has been determined due to the spontaneity and rarity of cases however there has been some association with the presence of a existing pilonidal sinus tract (2). We report a rare case of recurrent clitoral swelling occurring in pregnancy that was effectively managed with bedside ultrasound drainage and antibiotics.

CASE REPORT

A G3P2 7/40 41 year old was seen in the emergency department for clitoral swelling of three days duration. She described the pain as moderately severe that was somewhat eased with simple analgesia. Furthermore she denied and PV losses and denied any abdominal pain. 3 weeks earlier the patient experienced a similar issue, with the swelling self resolving over a number of days without medical intervention. Her obstetric history is relevant for two previous vaginal deliveries, with her current pregnancy being dated with an ultrasound scan. Her past medical history is relevant for depression only.

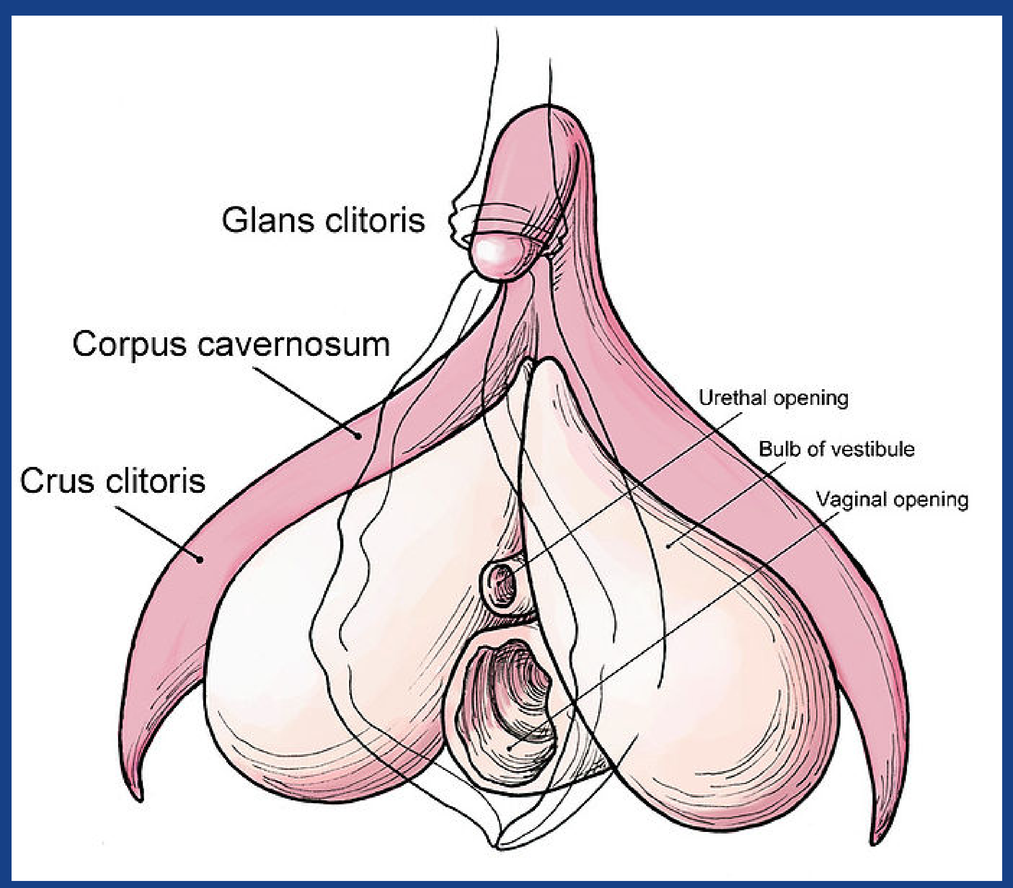

Figure 1. Clitoral Anatomy (3)

On examination, a significantly swollen and engorged clitoral mass was observed, over which the superficial clitoral skin had begun to break down due to undergarment friction. There was no punctum observed. The mass was not fluctuant however it was exquisitely tender to palpation. The patient had no inguinal lymphadenopathy and no other signs of infection. A bedside ultrasound demonstrated a hypoechoic collection beneath the engorged mass with extension superiorly toward the mons pubis.

Under nitrous oxide sedation the collection was drained using a 18 gauge needle with ultrasound guidance. A culture was also sent which later showed heavy growth of mixed anaerobic species. The wound was not dressed, instead it was covered with a sanitary pad and the patient was instructed to perform warm compresses regularly over the following days. Broad spectrum antibiotics were also prescribed. The patient was later contacted and confirmed that the issued had resolved completely.

DISCUSSION

Vulval lesions are a common reason for presentation to a gynaecologist. Of the possible differentials, clitoral abscess represents likely the rarest clinical entity (1). Clitoral abscess leads to significant disability due to pain, swelling and rarely purulent discharge. Cases are managed usually with some form of drainage followed by antibiotic therapy. In previous cases diagnosis has been assisted with the use of MRI, often demonstrating cystic lesions. Our case demonstrates the role of ultrasound in both the diagnosis and management of clitoral abscess. Ultrasound has been demonstrated to be an effective, efficient and inexpensive diagnostic method for clitoral pathology (4).

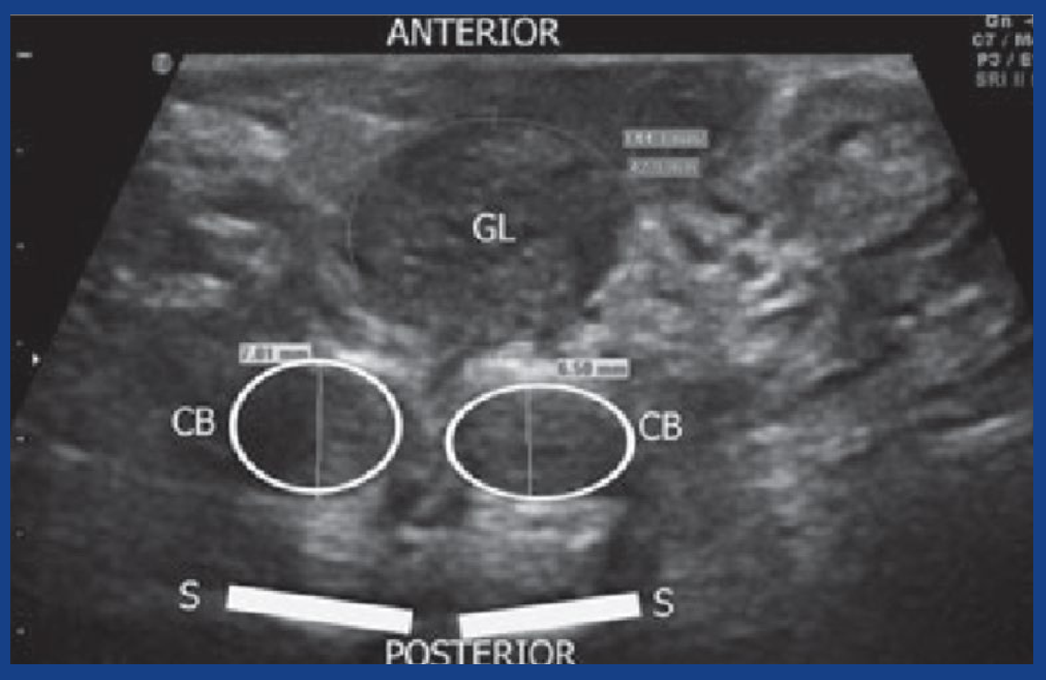

Figure 2. Sonographic features of the clitoris. Cross-section of the clitoral bodies and the glans. GL = glans; CB = clitoral body; S = Symphysis (5)

Other authors suggest a pilonidal sinus tract be excluded in all cases of clitoral abscess due to the significant association between the two. Sonography has been shown to be a useful tool in the evaluation of pilonidal sinus tracts in the natal cleft and thus should be considered as a cost and time efficient tool in the diagnosis and management of clitoral abscess.

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