PARAURETHRAL ABCESS

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Abstract
Paraurethral abscess in female is a rare lesion. The patient was a 25 years old female who had history of something coming out of vagina with perineal heaviness. She had history of off and on foul smelling copious vaginal discharge.

On vaginal examination a 6 x 6cm mass around the anterior lip of cervix was seen with excessive foul smelling vaginal discharge. Ultrasound showed a hypoechoic cystic mass near cervical region. Incision and drainage of abscess was done and about 300ml of pus drained followed by marsupilization. Histopathology revealed section of vaginal wall with subepithelial infiltration of neutrophils and lymphocytes. No. evidence of malignancy was seen.

Keywords. Anterior vaginal wall swelling, paraurethral abscess, vaginal discharge.

INTRODUCTION.
All paraurethral masses do not always represent urethral diverticula, thus the differential diagnosis of anterior vaginal wall masses must be considered. The paraurethral mass includes skene’s gland abscess (located lateral to urethral meatus), Gartner duct cyst, ectopic urethrocoele, urethral carcinoma and periurethral or vaginal fibroma or myoma. Compression of the mass (which is usually tender) may result in pus or blood as in case of periurethral abscess. In this case report we present one such case managed in our department.

CSE SUMMARY
The patient 25 years old P5 + 0 whose last child was born 2 years back, presented with history of something coming out of vagina for the last 5 years and a history of excessive foul smelling vaginal discharge for the past 1 year off and on. There is no history of change in the size of smelling, no urinary complaint and no history of dyspareunia.

On clinical examination she was febrile. On vaginal examination an anterior vaginal wall swelling 6 x 6cm size around the anterior lip of cervix was seen. It was firm in consistency. Excessive foul smelling discharge was seen. Her Laboratory Investigations revealed Leukocytosis of 60%. Renal function tests were within normal limit. On ultrasound a Hypoechoic cystic mass was seen near cervical region measuring 5.3 x 4.7cm. Urethral diverticulum was excluded by IVP. Patient was administered I/V antibiotics. An incision and drainage was planned. On EUA an abscess in middle part of anterior vaginal wall of 6x7cm was seen with foul smelling pus oozing out from punctum. A cruciate incision was extended upwards from the site of punctum. 300ml of pus was drained. Redundant vaginal wall was excised and marsupilization was done. Wall of abscess was sent for histopathology. Patient did well post operatively. Section of wall of vagina revealed focal ulceration, congestion of blood vessels with sub epithelial infiltration of plasma cells, lymphocytes and neutrophils.

The pus cytology showed no malignant cells but numerous neutrophils and necrotic tissue. The C/S was found to be negative.

The postoperative period remained uneventful and patient was discharged on 3rd postoperative day for 3 consecutive weekly follow-ups.

DISCUSSION
A diagnosis of cyst of skene’s (paraurethral) tubules was made which resulted due to blockage of their openings by previous infection. It presents as a swelling low down on anterior vaginal wall. The cysts can become infected to cause a paraurethral abscess as in this case. A female urethral diverticulum may also occasionally present as a large periurethral abscess that
may not respond to antibiotics.

The abscess may be initially drained with incision and
diverticulectomy is performed later. Spence and
Dukett described the technique of marsupilation of
distal urethra.

Paraurethral cysts are derived from remnants of
embryonic tissue or develop as a result of chronic
paraurethral gland obstruction. The diagnosis was
based on clinical findings and radiological studies are
advised to demonstrate the absence of communication
with urethra or association with other pathologies.

CONCLUSION

A diagnosis of cyst of shene's (paraurethral) tubules
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The post operative period remained uneventful as the
patient was discharged on 3rd post operative day for
3 consecutive weekly follow ups.

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