

Bartholin Cyst & Abscess

A plain-English guide for you and your family

WHAT IS HAPPENING

On each side of the vaginal opening, about where 4 and 8 sit on a clock face, there is a tiny gland the size of a pea called a Bartholin gland. Its whole job is comfort: it makes a small amount of slippery fluid that keeps the area moist, especially during sex. That fluid drains out through a narrow tube called a duct. If that tube gets pinched shut — from thickened fluid, minor irritation, or no clear reason at all — the fluid keeps being made but has nowhere to go. It backs up and stretches the gland into a soft, round lump called a cyst. A small cyst often does not hurt at all; many people only notice a painless marble near the opening. The problem changes if bacteria get into that trapped pool of fluid. Standing fluid is a perfect place for germs to multiply, and the lump becomes an abscess: it grows fast over a day or two, turns hot and red, and becomes so tender that sitting, walking, or sex can feel unbearable. Warm sitz baths — sitting in a few inches of warm water several times a day — can help a small cyst open and drain on its own. An abscess usually needs a clinician to open it and place a tiny soft tube called a Word catheter for a few weeks so the drainage hole heals open instead of sealing shut and refilling. Antibiotics are only added in certain situations: spreading redness, fever, if you are pregnant, or when a sexually transmitted infection is suspected. One more important rule: in anyone over 40, or if the lump feels hard and irregular, the clinician will take a small tissue sample, because a rare cancer of this gland can look like a simple cyst.

What you might feel

- Soft, painless lump beside the vaginal opening (cyst stage)
- Rapidly growing, very painful lump on one side of the vaginal opening (abscess stage)
- Pain with sitting, walking, or sex
- Redness and warmth on one side of the lower vaginal lip
- Sudden gush of fluid and instant relief of pain
- Pus or thick yellow-white fluid draining from the lump or vaginal opening
- Fever, chills, or redness spreading beyond the lump
- Hard, fixed, or irregular mass in the Bartholin gland area—especially if you're over 40

- Same spot keeps forming abscesses, even after drainage

Call the doctor right away if...

- Fever, chills, or rapidly spreading redness beyond the lump — bacteria are escaping the pocket into surrounding tissue (cellulitis) or the bloodstream (sepsis), and you need urgent antibiotics and possibly hospital admission.
- New Bartholin-area lump in anyone over age 40 — cancer of the Bartholin gland is rare but possible, so biopsy the tissue before assuming it's just a cyst.
- Hard, fixed, or irregular mass at any age — a solid, anchored lump doesn't behave like a fluid-filled cyst and raises concern for cancer; biopsy is mandatory.
- Severe pain out of proportion to the size of the lump, or skin turning dusky, gray, or breaking down — rare but life-threatening necrotizing soft-tissue infection (flesh-eating bacteria) is possible; call 911 or go to the ER immediately.
- Abscess keeps coming back in the same spot after drainage — simple lancing won't fix a duct that keeps re-sealing; you need definitive surgery (marsupialization or gland removal), and tissue should be biopsied in older women.

What the care team will do

- Position and comfort: side-lying, pressure off the perineum, ice early / sitz baths as ordered
- Prepare for and assist with I&D; label and send cultures correctly
- Word catheter teaching: it stays ~4 weeks, pelvic rest while in place, report early fallout
- Sitz bath teaching: 10–15 minutes, 2–4 times daily, starting 1–2 days after drainage
- Monitor and teach the escalation triggers: fever, spreading redness, worsening pain after drainage
- STI counseling and partner-treatment teaching when NAAT is positive
- Advocate for biopsy discussion in patients over 40 or with recurrent/hard masses
- Analgesia timing: medicate before sitz baths, dressing changes, or catheter checks

Medicines you may be given — and why

Lidocaine 1% (local infiltration for incision and drainage)

Lidocaine numbs the skin over the abscess by blocking the tiny gates (sodium channels) that nerves use to send pain signals to the brain. When those gates are shut, the nerve goes quiet and the area feels nothing during the cut.

Trimethoprim-sulfamethoxazole (TMP-SMX, also called Bactrim or Septra)

This medicine is two drugs in one pill that block two different steps bacteria use to build folate, a vitamin they need to copy their DNA. When both steps are jammed, the bacteria can't multiply and the immune system clears them out. It is chosen when antibiotics are needed because it kills MRSA (a tough staph germ) plus the usual bacteria that cause abscesses.

Ceftriaxone (IM shot) plus doxycycline (pills) when gonorrhea or chlamydia is suspected

Ceftriaxone breaks the cell wall that gonorrhea bacteria need to hold their shape — without a wall, the germ bursts like a balloon. Doxycycline jams the protein factories (ribosomes) inside chlamydia so it can't build the proteins it needs to multiply. Together they cover the two most common sexually transmitted germs that can infect a Bartholin gland, following current CDC treatment guidelines.

Ibuprofen (Advil, Motrin)

Ibuprofen turns down the body's inflammation alarm by blocking the COX enzymes that make prostaglandins, the chemicals that tell nerves to send pain signals and blood vessels to swell. With fewer prostaglandins, the pain eases and swelling goes down.

Where this information comes from

- American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin
- CDC Sexually Transmitted Infections Treatment Guidelines
- American Academy of Family Physicians (AAFP) — Bartholin Duct Cyst and Gland Abscess
- UpToDate Clinical Reference

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