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RESEARCH ARTICLE

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CLITORAL ABSCESS: A RARE CASE REPORT OF AN UNUSUAL GYNECOLOGICAL EMERGENCY

***Arige Sellami, Imen Ben Farhat, Samar Knaz, Meriem Romdhani, Hadhami Aidi, Meriem Dhouibi, Miladi Maroua, Ekram Guerbej, Balsam Braiek, Soukaina Ben Jabballah, Nadia Marouen and Ridha Fatnassi**

Gynaecology obstetrics, Department of Obstetrics and Gynecology, Ibn El Jazzar University Hospital, Kairouan, Tunisia

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*Corresponding Author: Arige Sellami,

ABSTRACT

Clitoral abscesses are a rare and underreported condition in medical literature, characterized by the accumulation of purulent material in the clitoral region. Typically caused by bacterial infections, other contributing factors such as microtrauma, local interventions, or immunosuppression may also play a role. Due to the anatomical location and social stigma surrounding female genital disorders, these abscesses are often underdiagnosed and poorly documented. This case report describes a healthy 29-year-old woman who presented with a four-day history of vulvar swelling and pulsatile pain, ultimately diagnosed with a clitoral abscess. Despite initial treatment with sitz baths and oral antibiotics, the condition worsened, leading to surgical intervention, including incision, drainage, and intravenous antibiotics. Culture results identified pan-sensitive Streptococcus anginosus and Staphylococcus species. After one week of treatment, the patient showed significant improvement with near-complete resolution of her symptoms. This case highlights the importance of early recognition and appropriate management of clitoral abscesses, which may require both medical and surgical approaches. The literature review also discusses various etiologies, complications, and treatment strategies, emphasizing the rarity of this condition and the need for further research to optimize care for affected individuals.

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INTRODUCTION

The clitoral abscess is a rare and underreported condition in medical literature. Characterized by a purulent accumulation in the clitoral region, it is a painful and potentially debilitating pathology for affected patients. While bacterial infections are often the primary cause, factors such as microtrauma, local interventions, or immunosuppression may also contribute. Due to its anatomical location and the stigma surrounding female genital disorders, clitoral abscesses are underdiagnosed and poorly documented.

Observation: A healthy 29-year-old woman presented with a four-day history of vulvar swelling accompanied by pulsatile pain. Clinical examination revealed a tense, spherical clitoral mass with signs of localized inflammation, including erythema and tenderness. Notably, there was no skin breakdown, and the patient reported recent hair removal using an electric razor. Initial management consisted of sitz

baths and oral antibiotics prescribed by her private gynecologist; however, her symptoms progressively worsened. 1 Three days later, the mass had enlarged, became fluctuant, and extended to the labia minora, consistent with abscess formation (figure 1) the patient was admitted to the hospital for intravenous antibiotic therapy (amoxicillin-clavulanic acid), examination under anesthesia, and surgical incision and drainage of the abscess. During the procedure, cultures obtained confirmed growth of pan-sensitive Streptococcus anginosus and Staphylococcus species. Following one week of treatment, including antibiotics and drainage, the patient demonstrated significant clinical improvement. Her symptoms resolved, and her anatomy had nearly returned to baseline.

DISCUSSION

Clitoral abscess is a rare condition encountered in gynecological emergencies, with only a limited number of cases documented in the literature.



Figure 1. Clitoral Abscess

Zeitoun J conducted a comprehensive review of this pathology in 2020, highlighting the clinical features of affected patients and the therapeutic approaches employed (1). Several reports have linked clitoral abscesses to complications arising from female genital mutilation (2). However, in most cases, the etiology remains unclear, as observed in our study(3). No venereal origins have been identified in the majority of reported cases. An exceptional case involving an 11-year-old premenarchal patient with a clitoral abscess has also been described (4) Polymicrobial infections, particularly involving Enterobacteriaceae, are the most common cause of clitoral abscesses. Monomicrobial infections, although less frequent, often involve beta-hemolytic Streptococci, and these cases are sometimes associated with toxic shock syndrome (5). In rare but severe scenarios, clitoral abscesses may progress to necrotizing fasciitis. This complication predominantly occurs in elderly individuals with comorbid conditions such as immunosuppression, diabetes mellitus, or long-term corticosteroid use(5) The management of clitoral abscesses involves a combination of medical and surgical approaches, tailored to the severity of the case. Medically, initial treatment typically includes the administration of antibiotics targeting the most common bacterial pathogens, along with local antiseptic care to reduce inflammation and prevent the spread of infection.

Pain management with analgesics may also be required.(4)(6) Surgically, in cases of large, painful, or medically resistant abscesses, surgical drainage is necessary. This procedure involves incision and drainage of the abscess under local or general anesthesia, followed by irrigation of the cavity with an antiseptic solution (3,7). In some instances, a drain may be placed to prevent recurrence. For recurrent abscesses, marsupialization may be considered. This surgical technique keeps the cavity open for continuous drainage and guided healing. It has been shown to be effective in preventing recurrence, as reported in the literature (7). Close medical follow-up is crucial to monitor healing and preserve the functional and aesthetic integrity of the region.

CONCLUSION

In conclusion, clitoral abscesses are an exceptionally rare condition, with few cases reported in the literature. This case highlights the importance of timely diagnosis and appropriate management to ensure favorable outcomes. Further studies and case reports are needed to enhance our understanding of this uncommon pathology and to optimize its management.

Declaration of Competing Interest: The authors declare that there is no conflict of interest regarding the publication of this article.

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