

PRACTICAL RECOMMENDATIONS FOR DISEASES OF THE BARTHOLIN'S GLAND

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ABSTRACT. This article is based on the national standard for the treatment of gynecological diseases of the Ministry of health of the Republic of Uzbekistan, which mainly lists recommendations for the diagnosis and treatment of Bartholin's gland cysts and abscesses. Because Bartholin's gland diseases account for 2% of gynecological visits and are more common precisely at reproductive age. Bartholin's gland abscess is approximately three times more common than Bartholin's gland cyst.

Keywords: Bartholin's gland cyst, Bartholin's gland abscess, pregnancy, marsupialization, hyperemia, tissue edema.

ПРАКТИЧЕСКИЕ РЕКОМЕНДАЦИИ ПО ЛЕЧЕНИЮ БАРТОЛИНИТА

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АННОТАЦИЯ. Эта статья основана на национальном стандарте лечения гинекологических заболеваний Министерства здравоохранения Республики Узбекистан, в котором в основном перечислены рекомендации по диагностике и лечению кист и абсцессов бартолиновых желёз. Заболевания бартолиновых желёз составляют 2% от общего числа гинекологических заболеваний и чаще встречаются именно в репродуктивном возрасте. Абсцесс бартолиновой железы встречается примерно в три раза чаще, чем киста бартолиновой железы.

Ключевые слова: Киста бартолиновой железы, абсцесс бартолиновой железы, беременность, сумчатость, гиперемия, отек тканей.

Introduction. A Bartholin's gland cyst is a derivative (a benign tumor) that forms unilaterally or rarely bilaterally in the lower third of the vaginal corridor, which develops as a result of a violation of the secretion flow from the Bartholin's gland. Bartholin's gland abscess is a purulent inflammation of the Bartholin's gland of microbial origin.

Etiology and pathogenesis. A Bartholin's gland cyst (BGC) is caused by a blockage, secondary swelling, or injury of the Bartholin's gland's excretory tract due to secreted accumulation. When the cyst is infected, an abscess (BGA) of the Bartholin gland, which is often polymicrobial in nature, can form. The triggers of the infection often enter the gland during inflammatory processes, moving up the vagina or urethra, as well as through the intestinal excretory tract.

Epidemiology Bartholin's gland disorders. (Bartholin's gland cyst, Bartholin's gland abscess) are often diagnosed in women of reproductive age. The incidence of Bartholin's gland cyst and Bartholin's gland abscess is 2% of all gynecological visits per year. Bartholin's gland abscess is approximately three times more common than Bartholin's gland cyst.

Clinical picture Bartholin's gland cyst and Bartholin's gland abscess can be accompanied by the following symptoms: pain in the space space of the clock; glaze; local (local) hyperemia and hyperthermia; fever or tremor; feeling of discomfort in the space space of the clock; big sex lips asymmetry. BGC can also be symptom-free.

Diagnostics. *Diagnostic criteria.* The diagnosis of Bartholin's gland cyst or Bartholin's gland abscess is made based on the woman's complaints, physical examination, laboratory and instrumental examination methods.

Complaints and Anamnesis. In all women with Bartholin's gland diseases, it is recommended to collect complaints and anamnesis. When collecting anamnesis, it is necessary to obtain information about personal hygiene characteristics, the presence of a sexual partner, cases of unprotected sex, somatic anamnesis, intermediate injuries.

Physical examination. All women with Bartholin's gland disorders are advised to carry out a physical examination in accordance with the standard principles of propedeutics, as well as a visual examination of the external genitals. During the examination, asymmetry of the large genital lips, volumetric derivative in the area of the large genital lip, pain when palpating, hyperemia, tissue edema; when abscess formation, fluctuation, local hyperemia and hyperthermia are detected. There are diseases of the Bartholin's gland in all women it is recommended to carry out a bimanual vaginal examination to rule out a burning pathology.

Laboratory diagnostic tests. Women with Bartholin's gland disorders are advised to perform a microscopic examination of vaginal smears in order to identify inflammatory diseases.

Women with Bartholin's gland abscess are advised to perform a microbiological (cultural) examination of purulent detachment to aerobic and facultative-anaerobic microorganisms for the appointment and/or correction of antimicrobial therapy.

There is an abscess/cyst of the Bartholin gland, and women suspected of general infectious diseases of inflammation of the genital tract are advised to perform a molecular-biological examination of female genital mucosal secretions (*Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Mycoplasma genitalium*) in an attempt to exclude general infectious diseases of inflammation of the genital tract.

Women with Bartholin's gland abscess are advised to perform an extended general (clinical) blood analysis to identify signs of systemic inflammation.

With the left shift of the leukocyte formula (an increase in the number of leukocytes with Rod nuclei), leukocytosis can be detected.

Instrumental diagnostic tests. Women with Bartholin's gland diseases are advised to perform a complex (transvaginal and transabdominal) ultrasound of the small groin organs in order to exclude the accompanying gynecological pathology.

Treatment. Conservative treatment. In the presence of relapse (relapsing) risk factors, signs of systemic inflammation, it is recommended to use antibacterial therapy as an addition to the surgical treatment of Bartholin's gland abscess. If, 48-72 hours after the start of treatment, there is no improvement in clinical-laboratory indicators indicating positive changes in the course of the disease and/or resistance of the causative agents to the therapy being carried out, then antibacterial therapy should be corrected on the basis of a cultural examination.

Schemes for the initial antibacterial treatment of Bartholin's gland diseases.

The recommended schemes of antibacterial therapy are as follows: Antibacterial therapy is carried out from 3 to 5 days, and then, according to the results of Clinical, Laboratory and microbiological examinations, the issue of continuing therapy is resolved.

Treatment schemes	Dosage
Amoxicillin + (clavulonic acid)	1200 mg per vein every 8 hours or every 8 hours 625 mg per os, 1000 mg per os every 12 hours
Clindamycin	300 mg per os every 6 hours
Doxycycline	100 mg per os every 12 hours

Surgical treatment. Women with Bartholin's gland cyst/Bartholin's gland abscess are advised to undergo surgical treatment and then carry out a pathological-anatomical examination of the biopsy (operational) material. It is recommended to carry out dynamic monitoring and subsequent ultrasound monitoring of asymptomatic cysts up to 2-3 cm for 3 months, conducting a surgical treatment if an enlarged tendency is observed.

Types of surgical interventions: In the abscess of the Bartholin gland: cut open and drain. Bartholin's gland cyst:

1. Cut open and drain the Bartholin's gland cyst (however, this treatment is associated with a higher risk of recurrence).

2. Installation of a catheter in the Bartholin's gland.

3. Marsupialization-the essence of the operation is to open the cyst cavity, cut the cyst capsule and sew it to the edges of the wound.

As an alternative to marsupialization (alternative treatment), a word silicone balloon catheter is installed for 4-6 weeks. Treatment can be carried out under local anesthetic in daytime stationary or outpatient conditions. The Cystic derivative opens through a small incision no more than 5 mm, the cyst cavity is washed, after cleaning the word catheter is installed. Several stitches can be placed around the catheter so that it stays firm and does not fall off.

4. Enucleation of the Bartholin's gland cyst.

5. Surgical CO2 laser removal of the Bartholin gland cyst. CO2 is vaporized after the removal of the cyst capsule or capsule in order to prevent additional

hemostasis and recidivism when laser treatment is carried out. This type of treatment reduces the risk of relapse (recurrence) to the lowest level.

After surgical treatment in the abscess of the Bartholin gland and receiving the results of microbiological (cultural) examination, it is recommended to correct antibacterial therapy, taking into account the sensitivity of isolated microorganisms to antibacterial drugs.

Medical rehabilitation. Postoperative rehabilitation has an analgesic and anti-inflammatory effect through the use of physiotherapeutic methods against the background of adequate antibacterial therapy.

After surgical treatment of Bartholin's gland abscess, the following types of physiotherapy may be used:

- 1) contact method of variable magnetic field.
- 2) low-intensity laser radiation and vaginal or contact methods of magnetolaser therapy.
- 3) contact method of extremely high frequency electromagnetic field (UVCh-therapy).

Prevention and dispensary control. All women with Bartholin's gland diseases (Bartholin's gland cyst, Bartholin's gland abscess) are advised to follow the rules of personal and sexual hygiene in order to prevent the recurrence of the disease after surgical treatment (recommendation level c). Especially on menstrual days, compliance with the rules of personal hygiene and the use of barrier contraception are advisable to reduce the risk of general infectious diseases of inflammation of the genital tract transmission.

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