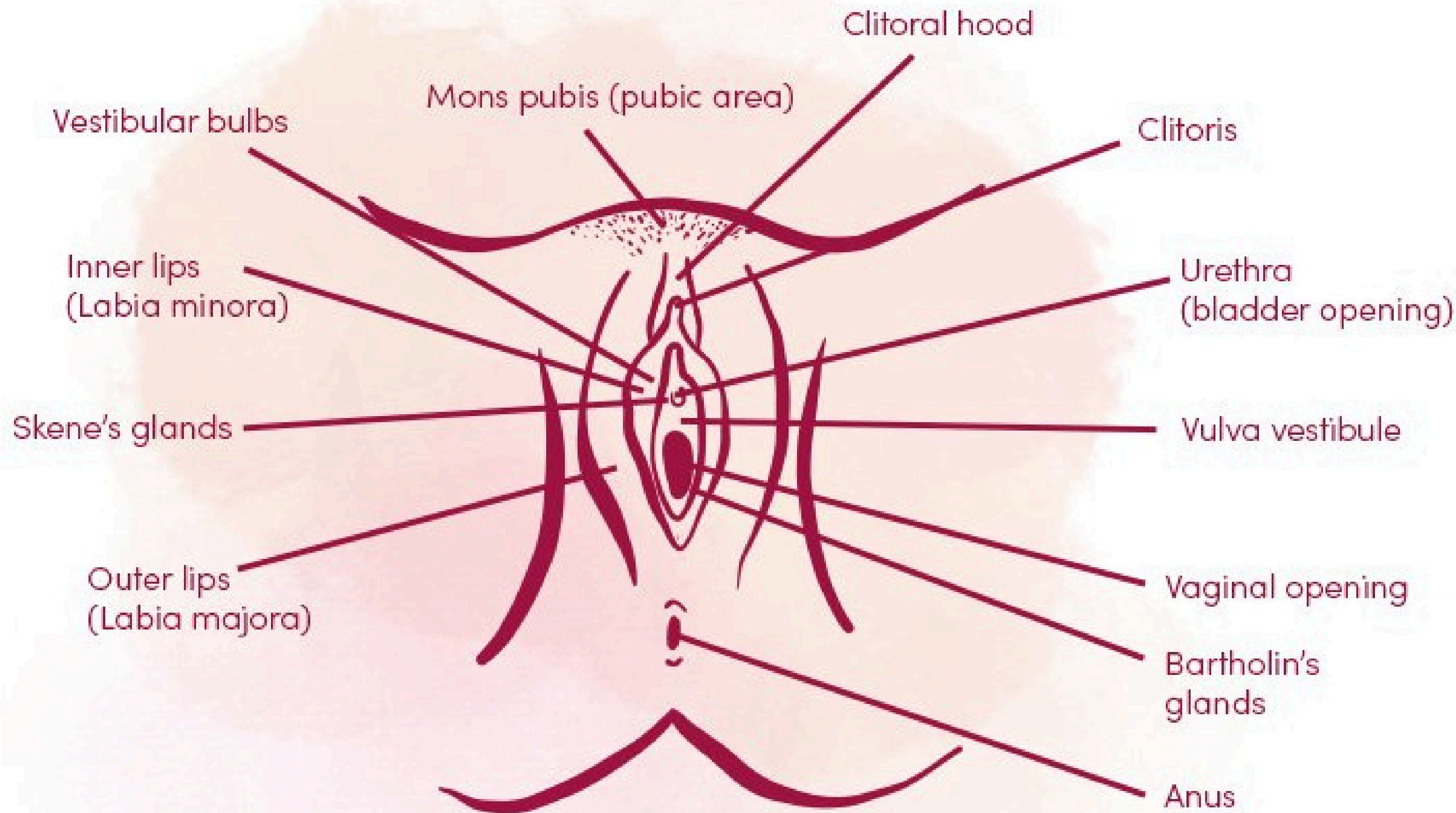
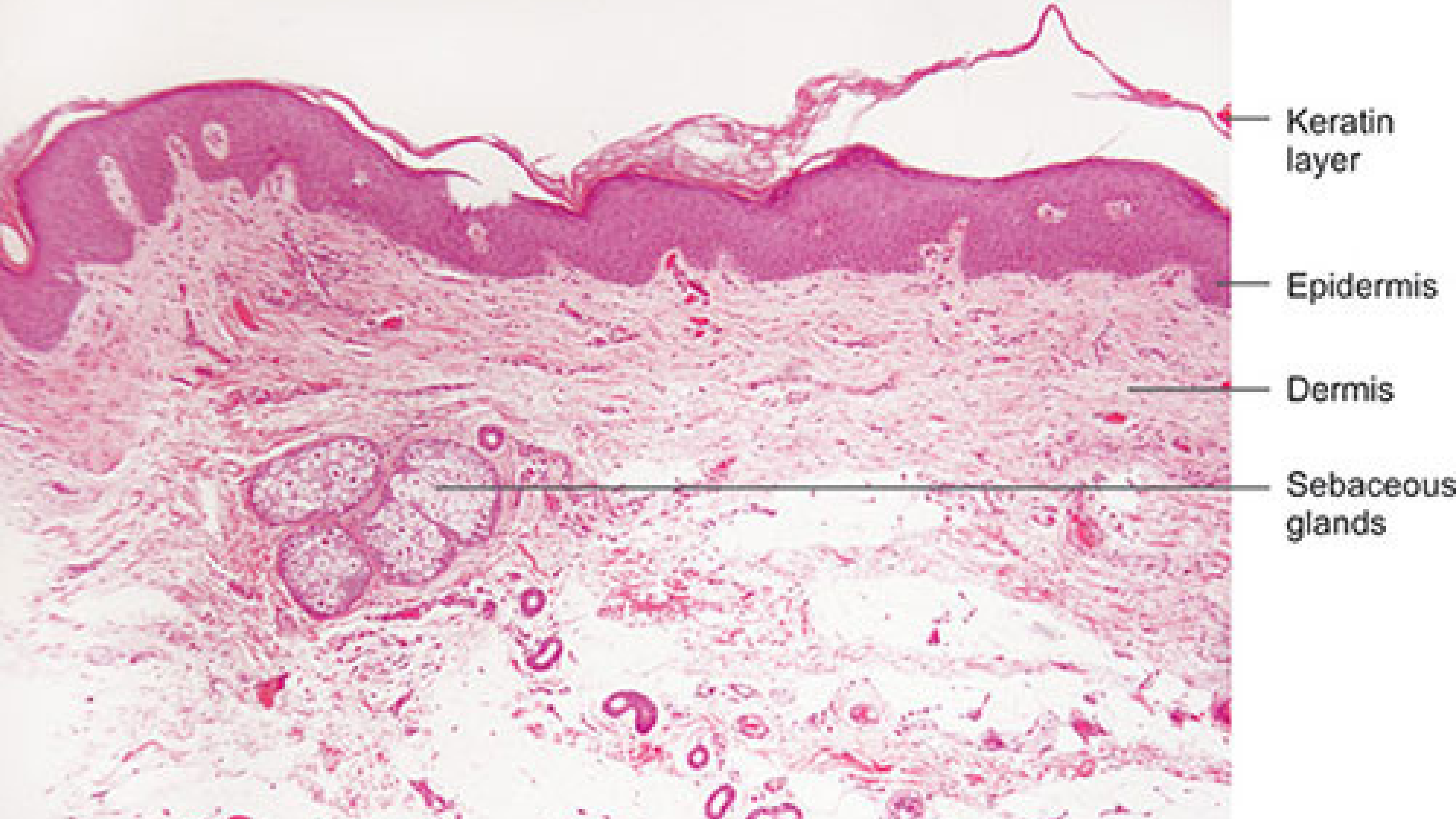


# Benign diseases of Vulva and Vagina

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Keratin layer

Epidermis

Dermis

Sebaceous glands



# Squamous cell hyperplasia



## Definition

Squamous cell hyperplasia of the vulva is characterized by a thickening or overgrowth of vulvar tissue due to an increase in squamous cells. It is often linked to chronic irritation, inflammation, or hormonal fluctuations, though the exact cause can vary. This condition is more frequently seen in postmenopausal women.

# Risk factors for squamous cell hyperplasia of the vulva:

(CHI CARS)

- 1. Chronic irritation**
- .2. Hormonal changes (estrogen deficiency)**
- 3. Inflammatory conditions (e.g., lichen sclerosus, eczema**
- 4. Chemical irritants**
- .5. Allergic reactions.**
- 6. Recurrent infections)**
- .7. Smoking.**

# What are the Signs and Symptoms of Squamous Cell Hyperplasia of Vulva?

## **P-RED FISH**

**P: Pruritus (itching)**

**R: Redness (erythema)**

**E: Excoriations (scratches from itching)**

**D: Dry skin (thickened skin)**

**F: Fissures (cracks in the skin)**

**I: Itchy plaques (white or gray plaques)**

**S: Skin thickening (lichenification)**

**H: Hypersensitivity (pain or burning sensation)**

# Diagnosis

**1. Physical Examination: A thorough examination of the genital area is conducted to assess for signs of hyperplasia.**

**2. Biopsy: In some cases, a biopsy is performed to confirm the presence of hyperplastic cells and exclude other potential causes of vulvar abnormalities.**

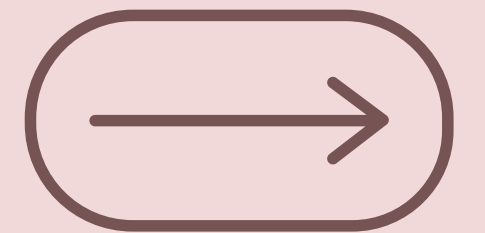


# TREATMENT

- 1. Topical Corticosteroids:** These are commonly prescribed to reduce inflammation and alleviate itching associated with the condition.
- 2. Laser Therapy:** This option is utilized to remove abnormal tissue, helping to alleviate symptoms and prevent recurrence.
- 3. Surgical Excision:** In cases where lesions are extensive or recurrent, surgical excision of the affected areas may be necessary to ensure complete removal and minimize the risk of complications.

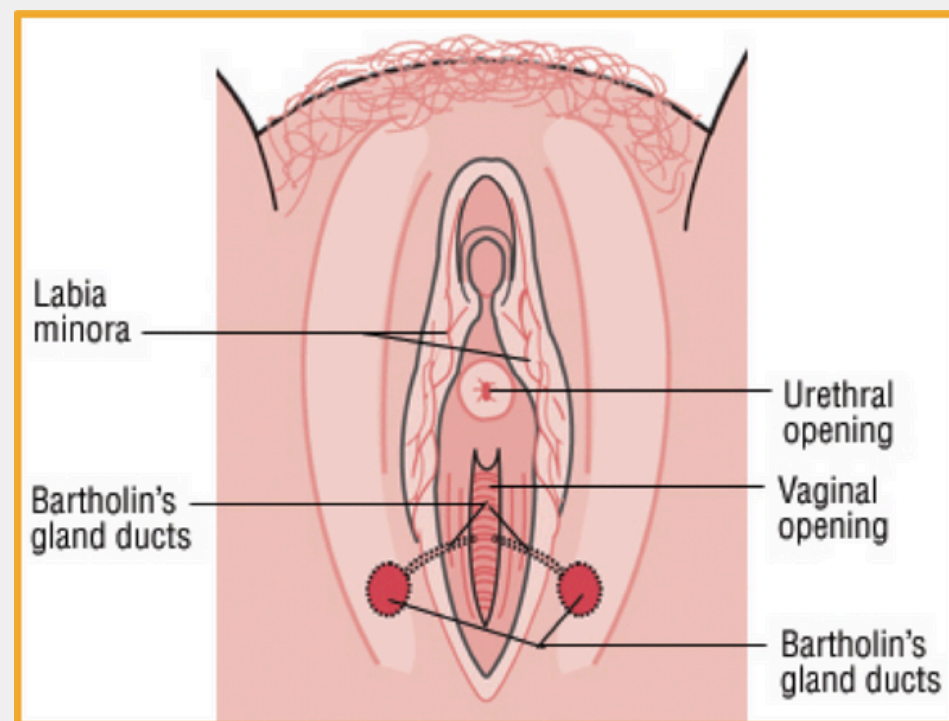


# Bartholin glands



# Bartholin glands

The Bartholin's glands are bilateral and about the size of a pea. They open via a 2 cm duct into the vestibule below the hymen and contribute to lubrication during intercourse.



The ducts of the Bartholin's glands exit at the introitus just above the fourchette at approximately five and seven o'clock on the perineum

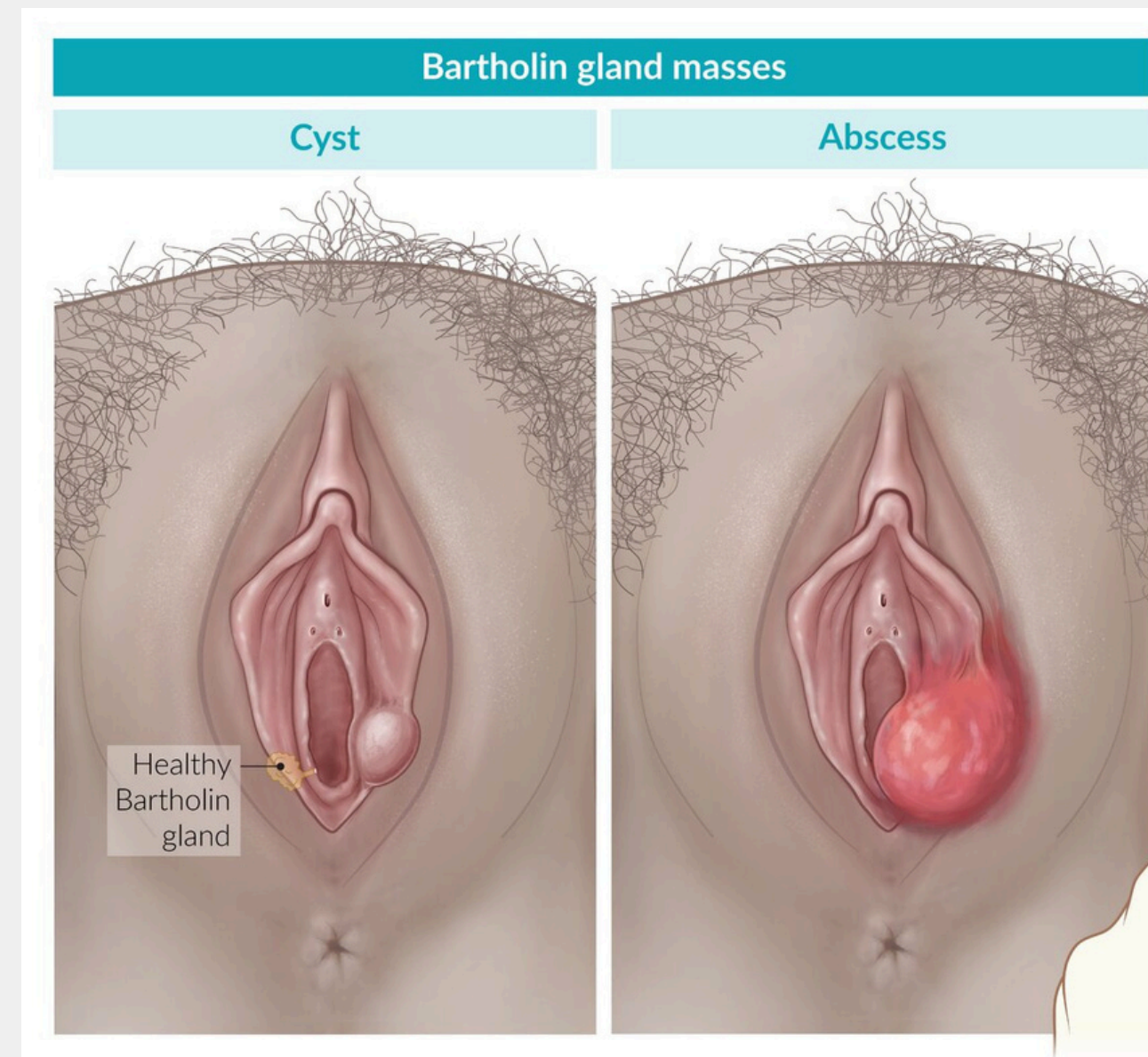
# Bartholin's cyst

Valvular cysts can affect the vulval area and cause a lump with or without vulval discomfort.

A Bartholin's cyst is the most common type of cyst. The Bartholin's gland has a long duct which, when blocked, causes fluid to build up and eventually forms a cyst



**It is not uncommon for these cysts to get infected and cause a Bartholin's abscess that usually presents acutely and may require incision and drainage**



# Diagnosis

- Bartholin gland cysts are typically diagnosed incidentally in individuals having pelvic exams for other purposes.
- Bartholin gland abscesses are diagnosed clinically in patients with vulvar pain increased with walking, sitting, or standing and confirmed by pelvic exam with identification of a tender, fluctuant mass with swelling distorting the vulvar anatomy under the posterior part of labium majus extending inward to the base of labium minus.
- In postmenopausal patients with Bartholin gland cyst, consider biopsy of gland to rule out rare adenocarcinoma.



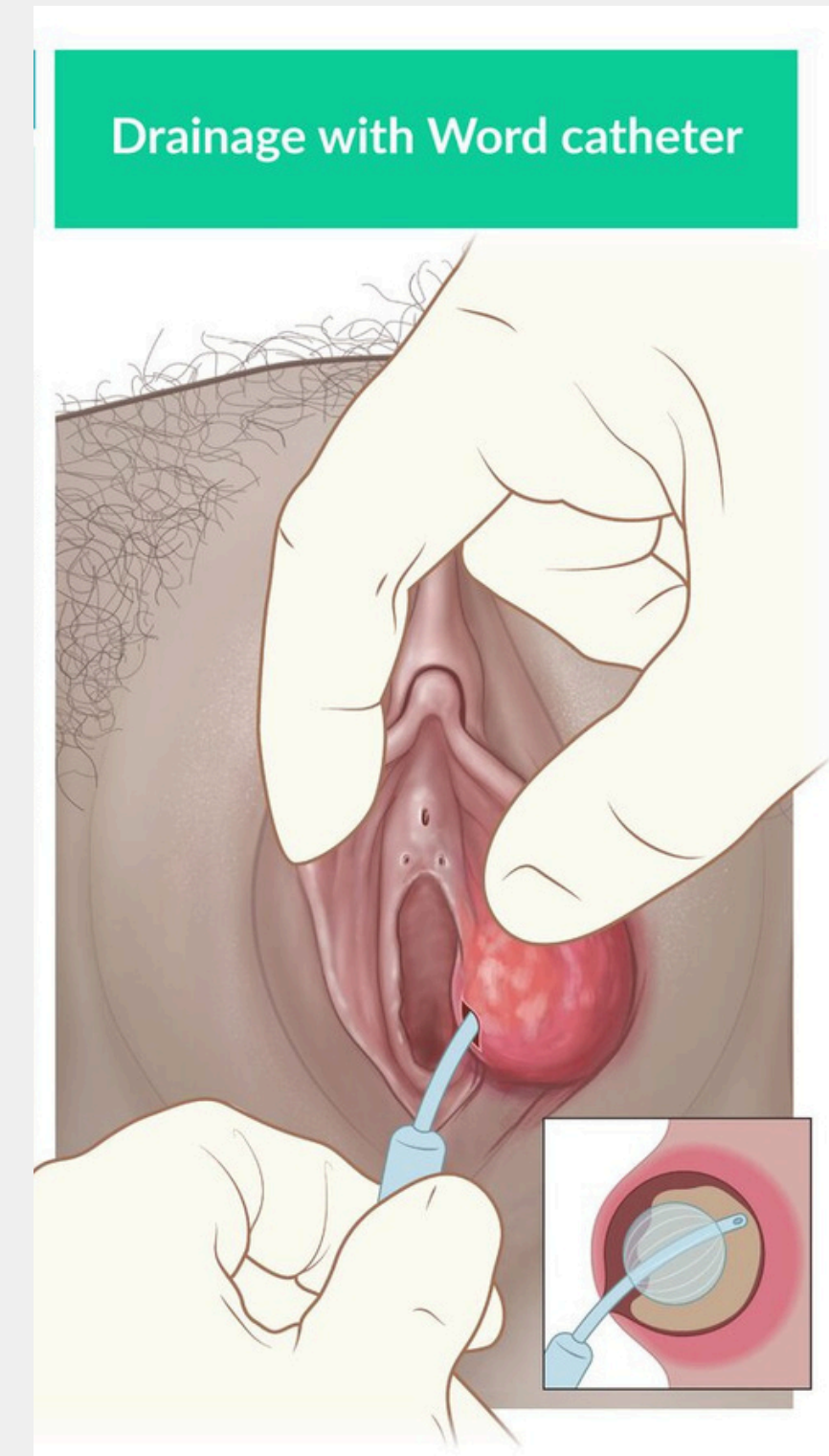
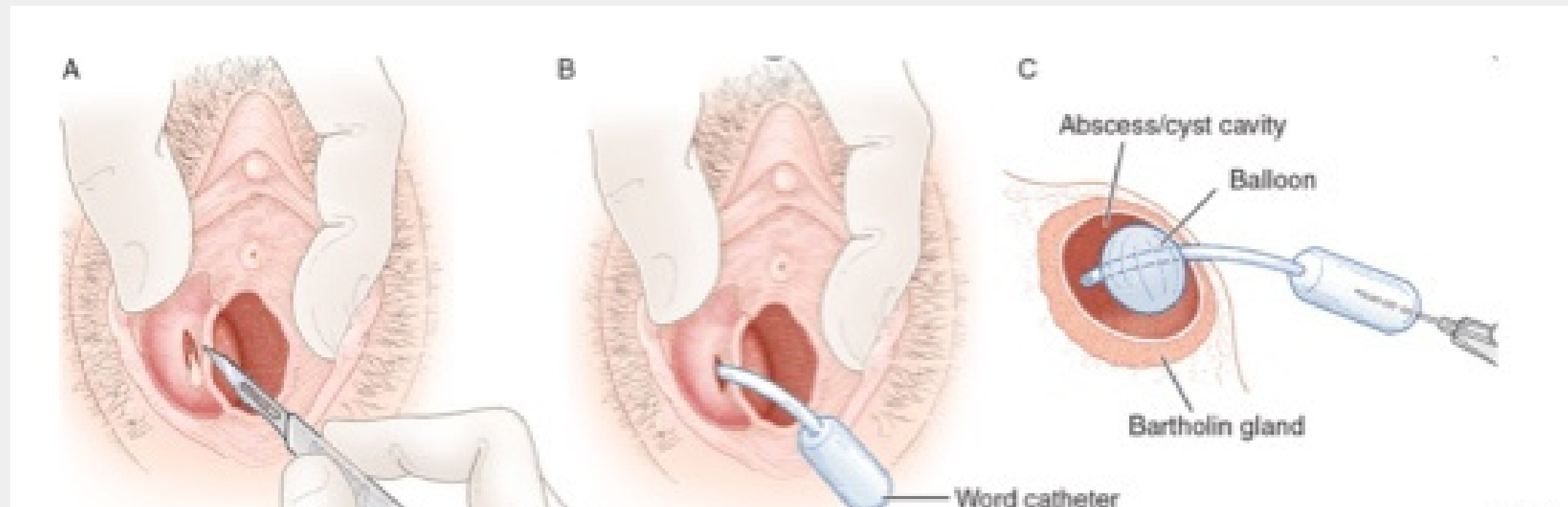


# Management

- **Asymptomatic Bartholin gland cysts in patients < 40 years old may not require treatment.**
- Bartholin gland cysts or abscesses that spontaneously rupture may be managed by sitz baths and analgesics.
- Bartholin gland abscesses or large, symptomatic Bartholin gland cysts require surgical treatment (typically in the office under local anesthesia) which can provide immediate symptom relief.

# Management

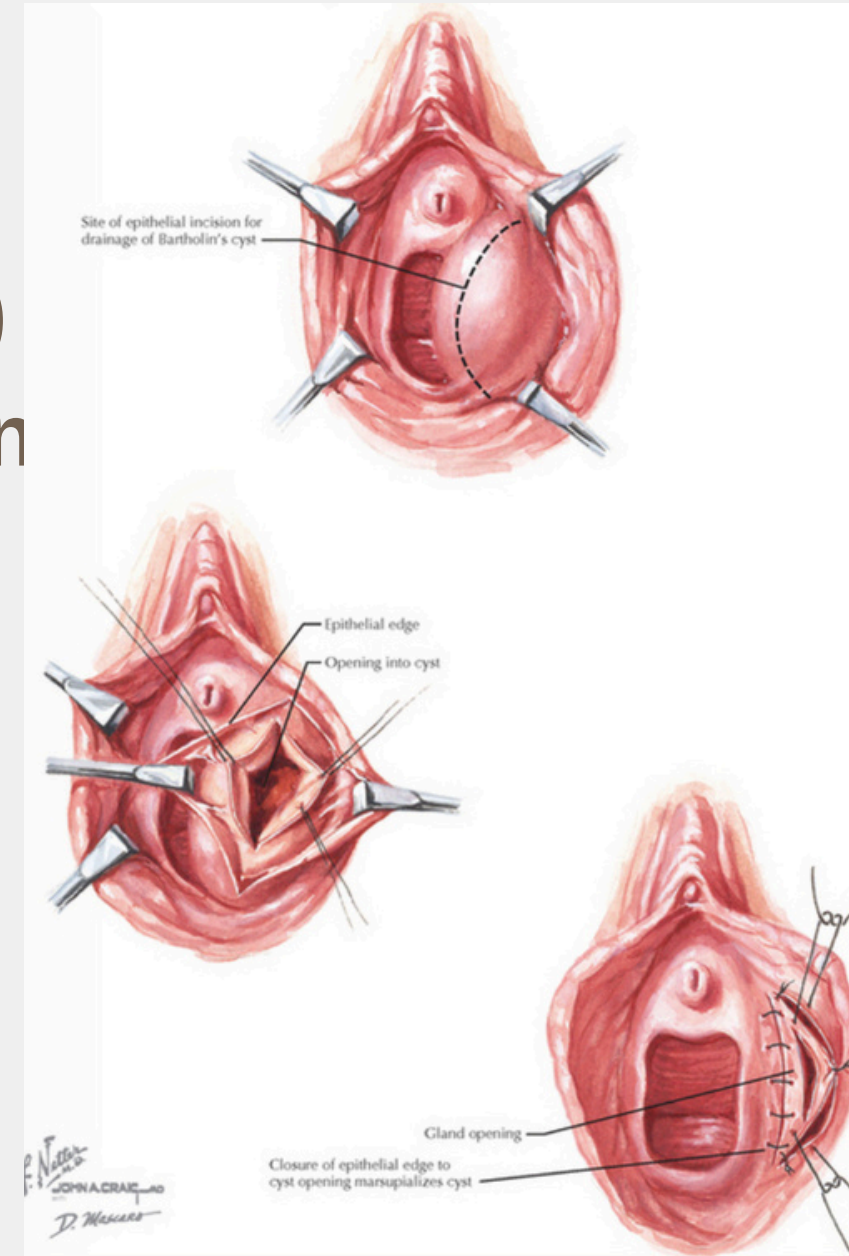
- Incision and drainage is considered the simplest surgical technique and quickly relieves pain, but typically is performed in addition to fistulization which involves placing a catheter through the gland incision to maintain opening and create a new, epithelialized outflow tract.





# Management

- Consider marsupialization (eversion of glandular tissue) for failed Word catheter placement or recurrent Bartholin's cyst or abscess.
- Bartholin gland excision is reserved for recurrent Bartholin gland cysts or suspected Bartholin carcinoma and is not recommended if there are signs of active infection.
- Broad-spectrum antibiotics are typically reserved for patients with cellulitis or a sexually transmitted infection.





# **Inclusion cysts of the vulva**



# DEFINITION

It's the most common type of vulval cyst, typically appearing as round or oval, firm, and asymptomatic swellings near the introitus of the vulva. These cysts may also occasionally be found in the vagina.

They are benign and lined with stratified, non-keratinizing squamous epithelium, containing creamy, yellow debris.

The skin covering these cysts is very thin, often with visible blood vessels running across the surface especially if infected.





# RISK FACTORS

- 1. Trauma or injury:** Physical trauma to the vulvar area, such as during childbirth, sexual activity.
  - 2. Chronic irritation or inflammation:** Conditions that cause chronic irritation or inflammation of the vulva can predispose to the development of inclusion cysts.
  - 3. Hormonal factors:** Changes in hormonal levels, such as those occurring during pregnancy, menopause, or use of hormonal contraceptives, can affect the secretory activity of vulvar glands.
  - 4. Infections:** Certain infections, particularly those affecting the vulvar glands or hair follicles, can lead to inflammation and subsequent cyst formation.
  - 5. Personal hygiene practices:** Poor personal hygiene practices or use of harsh chemicals or products in the genital area can irritate the skin and glands.
-



# CAUSES

**1- laceration following vaginal delivery.**

**2- Healing of episiotomy.**

**3- Spontaneously : An epithelial gland beneath the skin, which normally drain its' secretions to the surface of the skin, becomes trapped beneath the skin. Secretions accumulate, forming a small cyst.**



# Treatment

Generally the treatment isn't necessary unless:

1. The cyst get infected (painful cyst).
  2. Discomfort to the pateint.
- **Treatment of Inclusion cyst:** is **opened** and **drained** with **antibiotic**.
  - In cases where the cyst is **recurrent**, **very large**, causing **significant symptoms**, or if there's **concern about malignancy** (though rare), **surgical excision** is recommended, this involves removing the entire cyst and its capsule to prevent recurrence.

# SKENE'S GLAND

Other names for skene's glands include:  
Skene's ducts, lesser vestibular glands or  
Paraurethral glands.

They are found on each side of the urethra  
Normally neither seen nor felt.

**NOTE:** These glands are believed to secrete a  
substance to lubricate the urethra opening.



# SIGNS AND SYMPTOMS

## SKENITIS/ SKENE'S-DUCT CYST

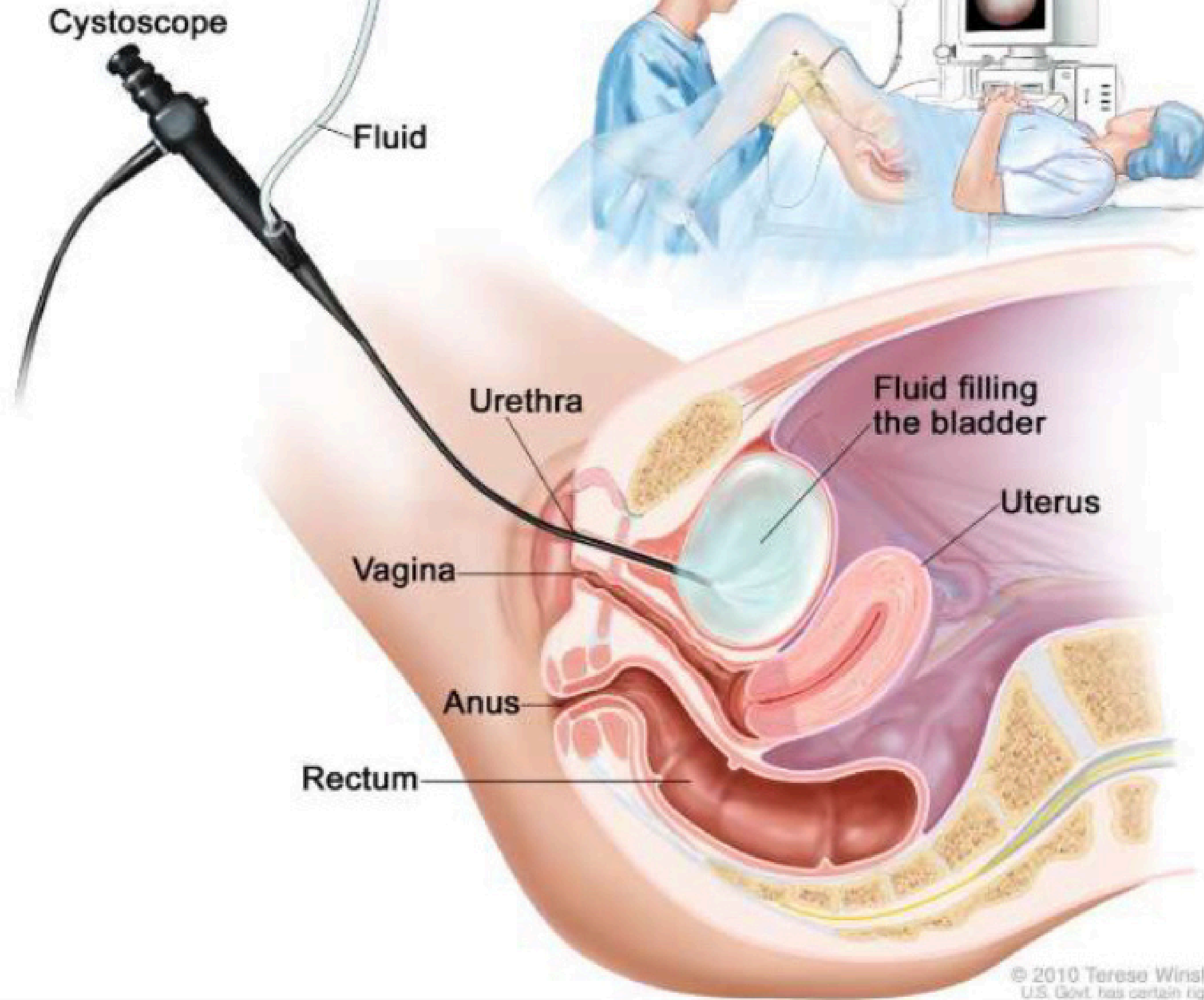
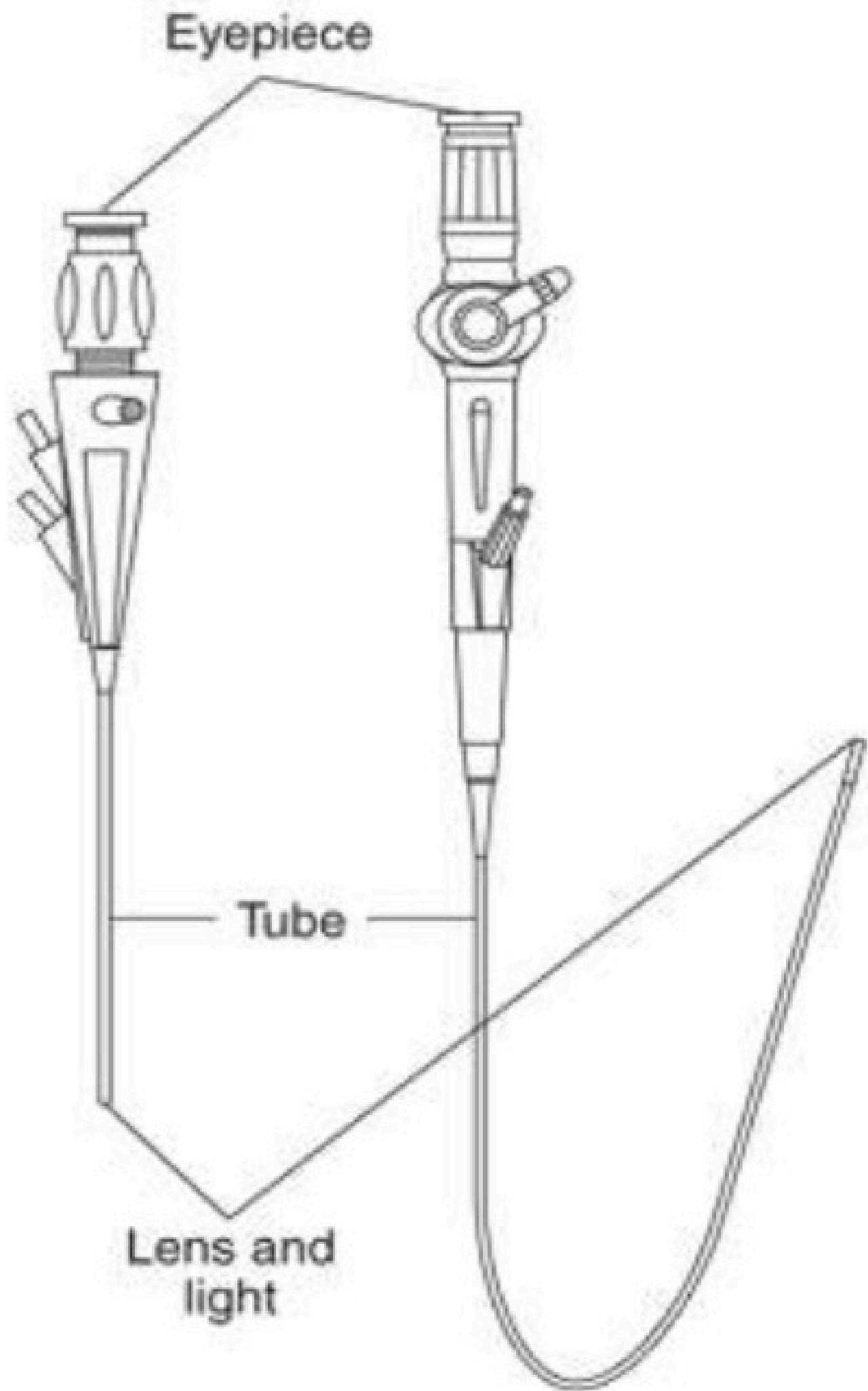
- Gonorrhoea is the most common cause of this type of infection, though it may also result from a urinary tract infection (UTI) due to the urethra's proximity. These cysts are often small, asymptomatic, and tender, though larger cysts may cause dyspareunia.
- A mass or lump near the urethral opening, which may be either tender or painless, can obstruct the urethra, leading to discomfort, difficulty with urination, or pain during urination if the cyst becomes sizable. The cyst may grow to a diameter of 1 cm or larger.
- If an abscess develops, symptoms such as pain, redness, swelling, ulceration, and fever due to infection may be present. Patients may also experience discomfort or pain while walking, sitting, or engaging in sexual activity.



# DIAGNOSIS

- ❑ Diagnosis is primarily made through a **physical examination**.
- ❑ However, **ultrasonography** or **cystoscopy** may be used to differentiate a Skene's duct cyst from a **distal urethral diverticulum**.
- ❑ Additionally, **cultures for gonococcal and chlamydia** infections may be taken if an infection is suspected.







# Indications for treating Skene's Duct Cyst:

Usually patients doesn't require treatment, but here are some indications for it:

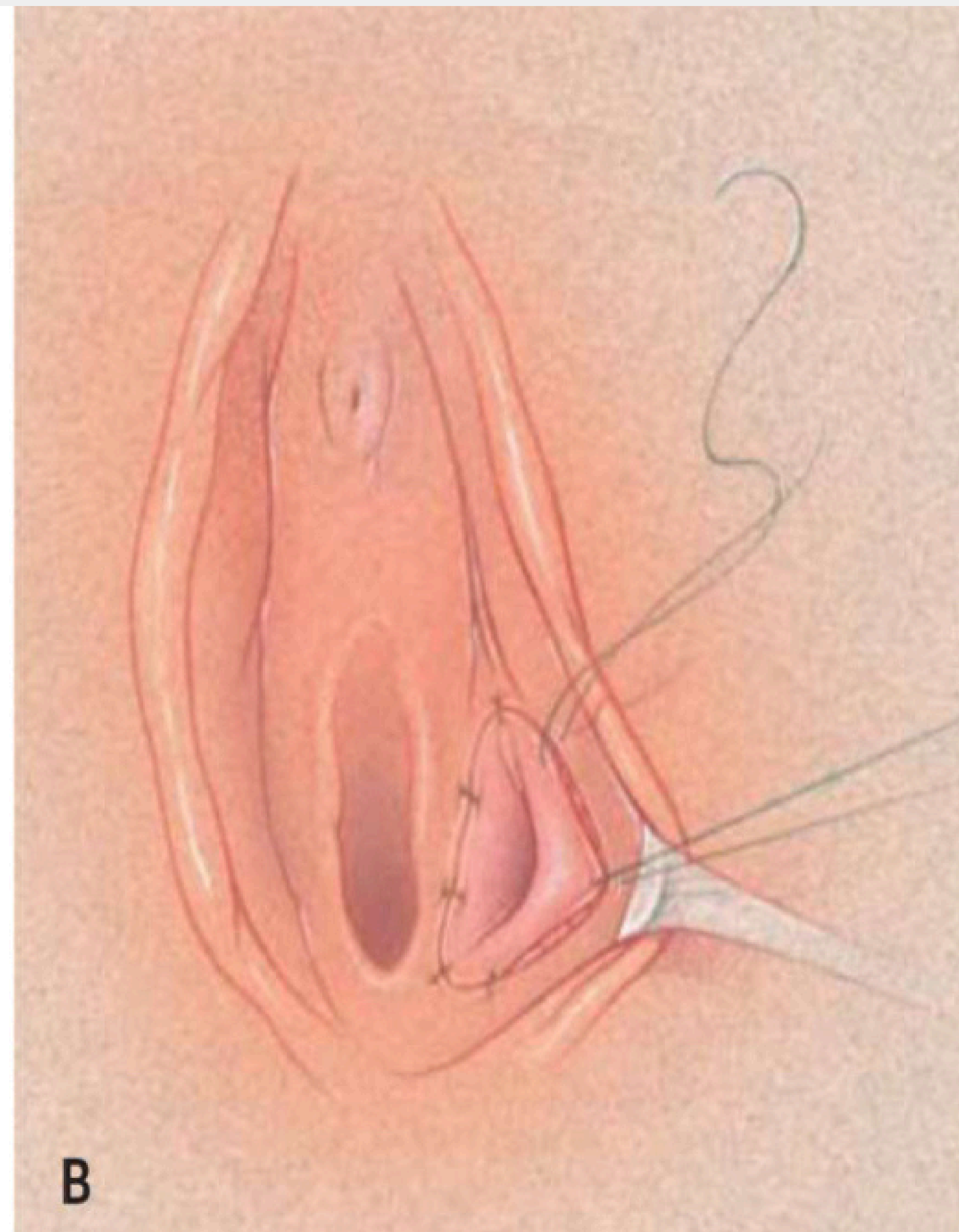
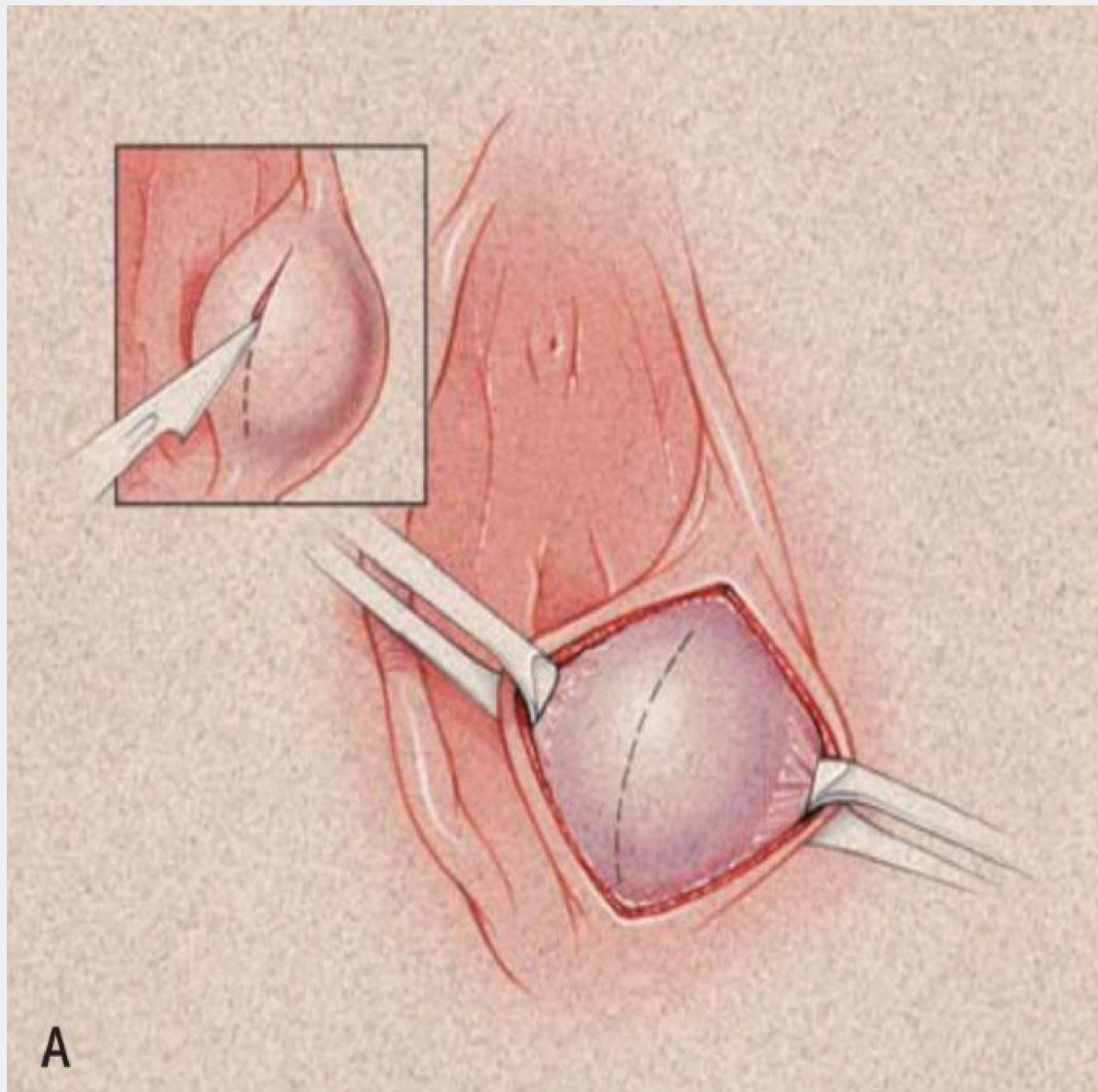
1. The size of the cyst (**>1cm**).
2. discomfort to the women.
3. If the cyst is infected (resulting in a Skene's abscess).

**NOTE:** obstruction the urethra (Foley's catheter).



# TREATMENT METHODS:

- Sitz bath:** may cause the cyst to break and the fluid will drain on its own.
- Surgical drainage:** Surgical drainage of abscess is undertaken for larger cysts.
- Antibiotics:** If the cyst is infected with abscess formation.
- Marsupialization:** Recurring cysts may be treated with marsupialization, a procedure in which stitches are placed on each side of the drainage incision to create a permanent opening. A catheter may be temporarily placed through this opening to facilitate drainage for a few days and help prevent recurrence.



# THANK YOU

يا ربِّ برحمتك فرِّج عن إخواننا  
برحمتك أنجِّ المستضعفين من المؤمنين  
أفرغ عليهم صبرًا و يقينًا وأنسًا ورحمة وحنانًا من لدنك  
اجبرهم واربط على قلوبهم واستر عوراتهم وآمن روعاتهم  
وعوّضهم  
اجعلهم في ولايتك ومعيتك وعنايتك وأطعمهم من جوع وآمنهم  
من خوف  
واشف جرحاهم وداوي مرضاهم وتقبّل وارحم شهداءهم ..  
اللهم كن مع إخواننا المجاهدين اغفر لهم ذنوبهم وإسرافهم في  
أمرهم وثبت أقدامهم وانصرهم على القوم الكافرين  
خذ بأيديهم وسدد رميهم ورأيهم وبارك في قوتهم وقوّتهم وأنزل  
عليهم مدداً من عندك  
ثبّتهم وأخلص نياتهم واجعلها في سبيلك وإعلاء كلمتك، ونصرةً  
للمستضعفين

يا منتقم انتقم من كل مُجرم ظالم نكّل بعبادك ..  
يا ربِّ اشفِ صدورنا بانتقامك يا عظيم

