

About a Case of Bartholinitis with *Haemophilus influenzae*

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Abstract

Gynecological infections are frequent in women. Anatomophysiologically, Bartholin's gland is greatly susceptible to infections and is characterized by an inherent polymicrobial population. However, we have encountered a very interesting case of Bartholin's gland abscesses *Haemophilus influenzae*, major pathogen of respiratory tract infections. This bacterium is rarely isolated in the genito-urinary tract, sometimes responsible for acute suppurations. Its requirement for growth factors may explain the apparent rarity of genital infections with *Haemophilus influenzae*.

Keywords: *Haemophilus influenzae*; Bartholinitis; Genital Infections

Introduction

Acute bartholinitis is a localized inflammation of the Bartholinian gland or its dilated excretory canal. The cysts and abscesses of the Bartholinian gland represent the most common infectious cystic pathology of the vulvar region [1]. The treatment is based on antibiotic therapy and surgical incision.

Observation

Ms A, age 35 consulting for bartholinitis with fever, the patient has no risk factors including surgery and associated visceral defects. An incision of the abscess with flattening was carried out under cover antibiotherapy based on protected amoxicillin.

Bacteriological samples were collected. The patient presented febrile peaks post-operatively under the association clavulanic acid, with an inflammatory syndrome (CRP) hence its placing under parenteral antibiotics based on third-generation cephalosporins. The progression is favorable with apyrexia and regression of the inflammatory syndrome.

The bacteriological culture of the contents of the abscess is positive to coccobacilli resistant to protected amoxicillin, sensitive to third generation cephalosporins on manual antibiogram, the API gallery is in favor of a *Haemophilus influenzae*.

Discussion

Bartholin's gland infections are a frequent problem in the gynecological field, often requiring urgent hospital management.

These infections generally appear when the Bartholin's gland duct orifice becomes obstructed. This may lead to the production and accumulation of mucus, resulting in a cystic dilation of the duct and consequently, cyst formation and the respective Bartholin's gland abscess [2].

The type and the frequency of the causative microbes of Bartholin's gland abscess varied over the years. In the second half of the last century; gonococci played a significant role and involved in more than one-third of cases [3]. Infection with anaerobic bacteria was also reported to be quite common [4].

However, *Chlamydia trachomatis* had been implicated in quite number of cases with Bartholin's gland abscess [5]. The bacteriogram in the last two decades showed implication of other bacteria in causing Bartholin's gland abscess. *E. coli* was the most frequently isolated bacteria from this abscess. Poly microbial infections with both aerobes and anaerobes were detected with high frequency. Anaerobes would be derived from vaginal flora and might strengthen the pathogenicity of aerobes [6]. Interestingly there is an increasing isolation rate for respiratory tract-associated infectious organisms, such as *S. pneumoniae* and *Haemophilus influenzae* from Bartholin's gland abscesses [7].

Haemophilus influenzae is a Gram-negative coccobacillus. Parasite obligatory of the membrane of the respiratory tracts can also colonize the vaginal mucosa whose evolution may be septicemic or not [8].

In women, the attacks of the genital apparatus by *H. influenzae* are more and more often reported: thus, Guine and coil [10] cite the case of acute pyosalpingitis, or *H. influenzae* is isolated in pure culture from a sample of right pyosalpinx and pelvic pus. Similarly, Hall., *et al.* [11] identify a number of neighboring observations: isolation of *H. influenzae* from tuboovarian abscesses (2 cases), amniotic fluid after amnionitis secondary to premature rupture of membranes (1 case) of laparoscopic tubal samples. Hall., *et al.* [9] also isolate *H. influenzae* from genital bleeding of 9 women, 4 of whom had vaginitis, 2 of endometritis on intra-uterine devices, 1 of an infection following an abortion. Despite these observations, the frequency of female genital involvement by *H. influenzae* remains rare [7]. In acute Bartholin's gland abscess, incision and drainage are considered the primary treatment [12]. However, antimicrobial agents are frequently administered in the treatment in addition to surgical procedures, and an antimicrobial chemotherapeutic regimen is usually chosen based on empirical knowledge of clinical doctors.

This involves incising the vestibular mucosa vertically in the nymphohymenal groove. It may also be incised on the protruding dome of the gland. If the abscess is already fistulized, it suffices to widen sufficiently the orifice of the drainage. A bacteriological sample of the pus must be taken. The abscess is then widely opened, the stuffing boxes are collapsed on the finger. An abundant washing of the cavity of the abscess is carried out with an antiseptic solution and drainage is left in place for 24 to 48 hours such as an iodo formed wick or Delbet type blade.

Here, we report a case of a 35-year-old woman with an abscess in the Bartholin's gland caused by *H. influenzae*. Taking into account the records described for pregnant women, they may be suggestive of a role for gestation in increasing the risk of development Bartholin's gland abscess. Although we cannot exclude the hypothesis that these genital infections may also arise from patients themselves exposing mouth organisms on their hands to genital areas due to bad or inadequate genital/anal hygiene, the potential association between oral sexual practices and the raised frequency of genital infections with micro-organisms that usually lead to upper respiratory tract infections seems to be in charge of the remaining cases described.

Conclusion

The abscess of the gland of Bartholin remains a frequent reason for consultation. The diagnosis is clinical. The treatment is surgical. The place of medical treatment is restricted to antibiotics administered in combination with surgery. Evolution is most often favorable under well-conducted treatment. The major risk is recidivism.

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