



Image of a Peri-Clitoral Abscess, Presenting with Minimal Swelling and Distortion

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Abstract

Periclitoral abscesses are rare with less than 20 reported in the medical literature. Images without severely distorted clitorii are lacking in the literature, which led to multiple misdiagnosis in this case. This is a report of a 20-year-old patient presented with clitoral swelling and pain without fever. In the clinical setting, when even mild clitoral swelling is seen, the possible presence of an abscess should be considered, with incision and drainage if present.

Keywords

Abscess, Clitoris, Image

Case

A 20-year-old nulli-gravid, sexually active female developed swelling of the clitoral hood without fever, after 4 hours of wearing an extremely tight body suit, which had been causing some genital discomfort followed by an afternoon spent at a public swimming pool. No sexual activity had occurred for three days prior. Upon presentation to a gynecology office, a mildly swollen clitoral hood, which was tender to touch, was noted. The subject lacked inguinal adenopathy, tenderness of the mons pubis or vagina, and discoloration of the peri-clitoral area. A diagnosis of clitoral trauma and swelling was given. A course of sitz baths, ice packs and non-steroidal anti-inflammatory agents was prescribed. The swelling and discomfort increased and the patient went to an emergency room two days later where a diagnosis of candidal infection causing irritation was given. The pain and swelling further increased and 12 hours later the patient presented again to a different hospital. She now had a pain score of 10 out of 10, nausea and vomiting. Patient was afebrile. At this point spontaneous rupture of the abscess occurred as she was waiting to be seen and approximately 300 cc frank pus was extruded. The pus soaked her dress causing a 60 cm diameter stain. The abscess was subsequently managed with twice daily doxycycline 100 mg for 14 days and sitz baths. The clitoral hood healed with a right lateral hairline scar where the rupture occurred, without any scar hypertrophy, and is aesthetically pleasing.

Discussion

Peri-clitoral abscesses are extremely rare with less than 20 cases in the literature. Except for a several photographs of extremely enlarged clitorii with significant distortion, there are no photographs available resembling what presented in this patient [1-4]. This photograph is presented to aid in diagnosis. We believe the rarity of this condition along with the lack of familiarity with its image as it presented in this case, lead to repetitive misdiagnosis. It seems likely that most of the abscess can be hidden bellow the mons pubis, preventing drastic enlargement in some cases, in spite of the copious pus extrusion noted. Although the literature images demonstrate significant distortion and enlargement of the labial hood, this case was an exception. In the clinical setting, when even mild clitoral swelling is seen, the possible presence of an abscess should be considered, with ultrasound investigation and drainage if present. (Figure 1).

Compliance with Ethical Standards

- Potential conflicts of interest: None.

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Figure 1: Clitoral abscess 24 hours before spontaneous rupture, in this patient, as seen when she presented to the first emergency room.

- This case report does not require institutional review board approval.
- Informed consent was obtained from the patient to publish this image.

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