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Case Report

Clitoral abscess presenting as benign clitoral swelling in an adolescent: a gynecologist's Halley's comet

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ABSTRACT

Clitoral abscess is an uncommon vulvar infection that is often overlooked because of its rarity to the vulvar lesions. Delayed diagnosis may result in significant pain, local complications and potential impairment of clitoral function. Clitoral abscess is an exceptionally rare cause of vulval pain and swelling, with fewer cases reported in the literature. Because of its rarity, diagnosis is frequently delayed and may mimic other vulvar lesions. We reported a 17-years-old, not sexually active female with acute painful swelling of clitoral hood for two days. Clinical examination revealed a fluctuant tender swelling measuring 4x3 cm. Incision and drainage was performed under general anaesthesia through a lateral incision to preserve the dorsal clitoral neurovascular bundle. Pus drained and sent for culture. Post operative antibiotics administered. Recovery was uneventful, with complete healing and no recurrence or sensory deficit on follow-up. Early recognition and meticulous surgical management are essential to preserve clitoral anatomy and function

Keywords: Clitoral abscess, Periclitoral abscess, Vulvar infection and drainage, Adolescent gynecology

INTRODUCTION

Clitoral abscess is a rare clinical condition characterized by the localized accumulation of purulent material within the clitoris or adjacent peri-clitoral tissues.[1] It is usually seen in females of all ages resulting in pain and discomfort. Due to its infrequent occurrence, the diagnosis may be delayed or overlooked, often being mistaken for Bartholin gland abscesses, epidermoid cysts, hidradenitis suppurativa, or other vulvar lesions.[2] Although clitoral abscess has the potential to cause serious complications, it remains poorly documented and studied, with fewer than 35 cases reported in medical literature.[3] Majority of the reported cases reported are spontaneous or idiopathic while smaller number are linked with numerous conditions such as Pilonoidal cyst.[3] The clitoris possesses a rich neurovascular supply and plays a vital role in sexual function. Consequently, delayed treatment or inappropriate surgical intervention may result in complications such as scarring, chronic pain, altered sensation, and sexual dysfunction. Owing to the limited number of cases and paucity of literature reported worldwide, evidence regarding etiology, management, and recurrence remains scarce.

CASE REPORT

A 17-year-old sexually active female presented with sudden onset severe pain, pruritis and swelling involving the clitoral region for two days. The pain was progressive and aggravate during micturition. There was no history of fever, urinary problems, trauma, shaving, insect bite, previous surgery, abnormal vaginal discharge or similar complaints. No use of any foreign object, intimacy

products or sex aids. The Patient symptoms progressively interfered with her daily functioning, ultimately necessitating withdrawal from college. Owing to severity of her condition, she sought medical evaluation at our hospital 3 days after symptom onset.

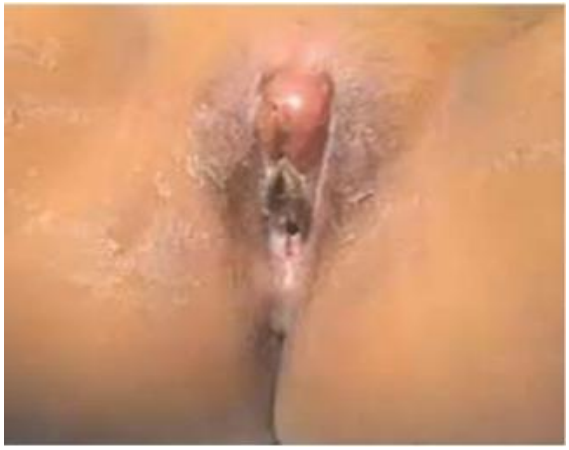

Figure 1: Clinical photograph showing erythematous and fluctuant swelling involving the clitoral hood before surgical intervention.

General examination revealed stable vital signs. Clinical Examination revealed moderate tenderness with localized swelling of the clitoral and periclitoral region. Blood picture and C-reactive proteins were normal. Local examination demonstrated an erythematous, fluctuant, tender swelling measuring approximately 4 × 3 cm involving the clitoral hood. No spontaneous discharge, ulceration, or inguinal lymphadenopathy was observed.

The patient underwent surgery comprising of incision and drainage under general anaesthesia and was positioned in the lithotomy position. A lateral incision was carefully placed to avoid damage to the dorsal clitoral neurovascular structures as it is important step in maintaining the integrity of nerves and arterial supply. Approximately 15-20 ml of purulent material and excised tissue were collected and evacuated and send for microbiological culture and histopathological analysis. The cavity was irrigated thoroughly with normal saline and 10% povidine -iodine solution. There was no evidence of any pilonoidal tract or pilonoidal sinus during the procedure.

Postoperatively, broad-spectrum antibiotics comprising of intravenous Monocef (2g/day), analgesics (Oral Paracetamol) and local wound care were administered. To prevent recurrent abscess formation, a small portion of the reconstructed clitoral head was intentionally left open to allow healing by secondary intention. The postoperative course was uncomplicated. Consecutive follow-up assessment revealed complete healing without recurrence, residual pain, cosmetic deformity, or sensory deficit. Microbiological analysis revealed no growth in pus culture seen. Histopathological analysis findings were suggestive of non-specific inflammatory changes with mild degree of fibrosis deposition.

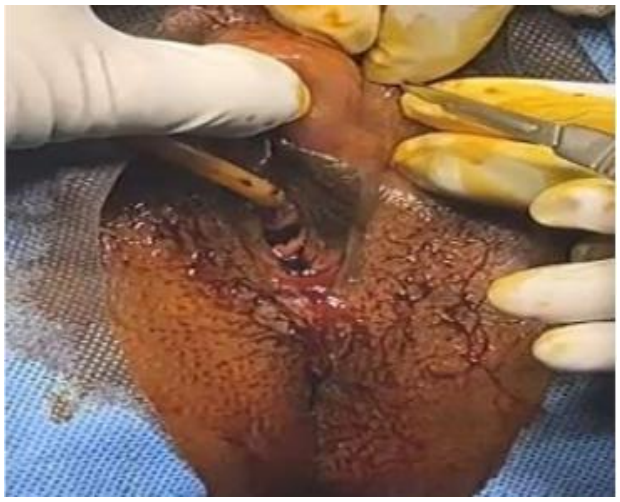

Figure 2: Intraoperative image before giving incision.

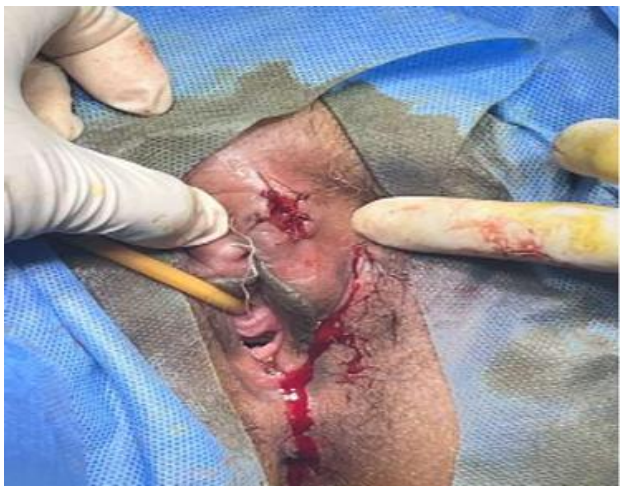

Figure 3: Postoperative image showing complete evacuation of purulent material.

DISCUSSION

Clitoral abscesses represent an exceptionally rare subset of vulvar infections. Owing to the limited number of published reports, diagnosis and management continue to rely largely on individual case experiences. Patients typically present with acute pain, swelling, erythema, and tenderness in the clitoral region. Dysuria, difficulty walking, and discomfort while sitting may also occur. The rarity of the condition often leads to diagnostic uncertainty and delayed treatment. Differential diagnoses include Bartholin gland abscess, vulvar cellulitis, infected epidermoid cyst, hidradenitis suppurativa, vulvar hematoma, and vulvar neoplasms. Careful clinical examination is therefore essential. The exact etiology remains poorly understood. While local trauma, folliculitis, and infected cysts have been implicated, many

patients report no obvious predisposing factors. Similar findings were observed in the present case.

Ferhi et al reported successful management of a clitoral abscess through incision and drainage while preserving vascular integrity.[2] Palacios and Huff described recurrent periclitoral abscess associated with Actinomyces turicensis, emphasizing the importance of microbiological evaluation.[4] Other reports have suggested retained hair and foreign material as possible causes of recurrence.

Spontaneous periclitoral abscess is rare, and the optimal treatment strategy has not been defined, with a high rate of recurrence being noted regardless of either conservative management with antibiotics or incision and drainage as initial treatment.[5] There is no established optimal management for clitoral abscesses, and available treatment options are primarily based on individual clinical experience rather than a robust body of evidence. Some cases reported spontaneous drainage while others required excision of the cyst track in the case of infected pilonidal cysts.[6-9]

Particular attention should be paid to preserving the dorsal clitoral neurovascular bundle during surgery. A lateral incision is generally preferred because it minimizes the risk of neurovascular injury. The present case demonstrates excellent clinical recovery following timely surgical intervention. No recurrence or functional impairment was observed during follow-up.

Given the rarity of clitoral abscesses, further case reports and case series are required to establish standardized diagnostic and therapeutic guidelines.

Table 1: Summary of reported clitoral/periclitoral abscesses in the literature

Authors	Year	Age (years)	Treatment	Outcome
Karatayli et al	2012	Adult	Incision and drainage	Recovery
Palacios and Huff[4]	2023	Adolescent	Marsupialization	Recurrent disease
Ferhi et al[2]	2023	26	Incision and drainage	Recovery
Sellami et al	2024	Adult	Surgical drainage	Recovery
Sellami et al	2024	Adult	Surgical drainage	Recovery

CONCLUSION

Although rare, clitoral abscess should be considered in adolescents presenting with acute painful vulvar swelling. Early diagnosis and careful surgical drainage can provide excellent outcomes while preserving clitoral function.

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