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CASE REPORT

# Uncommon cause of voiding dysfunction in a female patient-vaginal abscess: A case report

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Author contributions: Yeh CC was responsible for writing the manuscript; Yang SSD revised the manuscript; Huang SC and Wang YC treated the patient and helped to draft the manuscript; all authors have read and approved the final manuscript.

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## Abstract

***BACKGROUND***

Vaginal abscess is a treatable disease and should be considered in female patients with voiding difficulties and perineal tenderness. There are no reported cases of vaginal abscess causing voiding dysfunction in the absence of a previous surgery. Early diagnosis and drainage of vaginal abscesses may lead to excellent outcomes.

***CASE SUMMARY***

We presented a case of vaginal abscess that caused voiding dysfunction without surgery history. A 64-year-old woman had a past history of type 2 diabetes mellitus. She came to our clinic following urinary difficulty with perineal tenderness. Bladder ultrasonography revealed a pelvic cystic lesion with a mass effect on the bladder. The presence of a vaginal abscess was suspected following pelvic examination and transvaginal ultrasound.

After transvaginal drainage of the vaginal abscess and a full course of antibiotic treatment, she recovered well without any urination symptoms.

***CONCLUSION***
Voiding dysfunction caused by vaginal abscess is rare but should be considered in female patients with perineal tenderness.

**Key words:** Vaginal abscess; Voiding dysfunction; Female; Case report



**Core tip:** Vaginal abscess is a treatable disease and should be considered in female patients with voiding difficulties and perineal tenderness. To our knowledge, this is the first reported case of vaginal abscess causing voiding dysfunction in the absence of a previous surgery.

Yeh CC, Yang SSD, Huang SC, Wang YC. Uncommon cause of voiding dysfunction in a female patient-vaginal abscess: A case report. *World J Clin Cases* 2018; 6(16): 1199-1201
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## INTRODUCTION

Voiding dysfunction is a clinical condition that affects voiding and causes lower urinary tract symptoms. It is not an unusual complaint in middle-aged women, and the prevalence of female voiding dysfunction varies between 2%-25% based on the study[1-5]. Voiding dysfunction might be related to detrusor underactivity and bladder outlet obstruction[6]. The etiology of bladder outlet obstruction could have either an anatomical or a functional cause[7]. In order to identify the cause of voiding dysfunction, previous medical history should be obtained, as well as a physical examination, urine analysis, uroflowmetry, and ultrasonography[8]. Vaginal abscess is a treatable disease; it may cause voiding difficulty but could easily be neglected when the patient is afebrile with no previous history of surgery. We presented an unusual case of voiding dysfunction due to vaginal abscess.

## CASE PRESENTATION

A 64-year-old woman with a past history of type 2 diabetes mellitus (under medical control by sitagliptin 100 mg per day for 5 years) experienced progressive voiding difficulty without fever for 2 mo. She had not undergone any previous urological or gynecological surgery. Urinary analysis showed pyuria, and she was admitted to our ward for further treatment. Bladder ultrasonography revealed urinary retention and a pelvic cystic lesion with a mass effect on the bladder (Figure 1). During admission, she also complained of perineal pain when she started to sit on a chair. Therefore, we arranged a pelvic computed tomography and the report showed a cystic lesion (9.1 cm) in the right lower pelvic region (Figure 2). Urologists were consulted and urodynamic studies were arranged. Uroflowmetry revealed an interrupted flow pattern with elevated post-void residual urine. Video urodynamics showed fair cystometric capacity and detrusor contraction, but the sphincter did not open during the examination. The results of the examinations all supported a diagnosis of bladder outlet obstruction due to a pelvic anatomical lesion. We consulted a gynecological expert, and a mass bulging from the right vaginal wall was found during pelvic examination. Transvaginal ultrasound revealed a pelvic cystic lesion originated from the vaginal wall. A vaginal abscess causing voiding dysfunction was diagnosed.

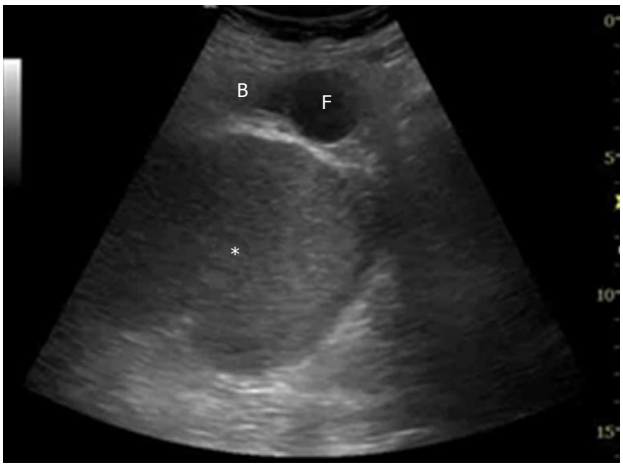


**Figure 1 Bladder ultrasonography revealed a pelvic cystic lesion (asterisk) with mass effect on the bladder.** B: Bladder; F: Foley.

## FINAL DIAGNOSIS

Voiding dysfunction due to vaginal abscess.

## TREATMENT

She received transvaginal drainage of the abscess and a full course of intravenous antibiotic treatment with cefuroxime. Urine and pus cultures both grew *Escherichia coli*. Pathology of this cyst lesion reported adipose tissue and congested vessels with some inflammatory cell infiltration. There was no evidence of malignancy in the sections examined.

## OUTCOME AND FOLLOW-UP

After treatment, she recovered well without any urination symptoms. At a 1.5-year follow-up, uroflowmetry disclosed normal bell pattern with acceptable post-void residual urine. The voiding dysfunction did not recur.

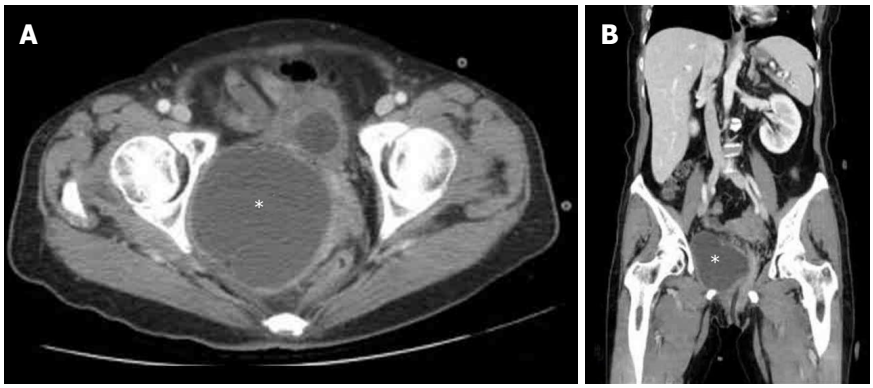


**Figure 2 Pelvic computed tomography with axial (A) and sagittal (B) view showed a 9.1 cm cystic lesion (asterisks) with homogeneous content in right lower pelvic region.**

## DISCUSSION

A vaginal abscess causing voiding dysfunction is rarely reported. Huang *et al* presented a case with symptoms of urinary frequency, voiding difficulty, and postvoid dribbling after Burch colposuspension[9]. The presence of a vaginal abscess was confirmed by transvaginal ultrasound, and an incision was made in the abscess wall followed by drainage. With correct diagnosis and treatment, both our patient and the one described by Huang *et al* showed good recovery of voiding function.

In patients with a long-term history of diabetes mellitus, diabetic cystopathy is highly prevalent[10]. Diabetic cystopathy related to detrusor sphincter dyssynergia is a common cause of voiding difficulty. Full clinical history, physical examination, urodynamic studies, and bladder ultrasound could provide clinical clues for other differential diagnoses of voiding dysfunction. In regard to our patient, the symptoms of perineal tenderness indicated a gynecologic lesion. A pelvic cyst found during bladder ultrasonography suggested an anatomical cause of bladder obstruction.

Vaginal abscess that contains pus or fluid might grow to a substantially large size before causing discomfort to the patient. A large abscess lump might induce pain in the perineal area, which may be aggravated during sitting, walking, or sexual intercourse[9]. Symptomatic abscesses require drainage and marsupialization because abscesses rarely resolve by themselves. The mass effect of the abscess could also be relieved by drainage, and voiding dysfunction could be resolved.

## CONCLUSION

In conclusion, a vaginal abscess should be considered as a differential diagnosis in female patients with voiding difficulty and perineal tenderness. Early diagnosis and management of vaginal abscesses may produce excellent outcomes.

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